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ABSTRACT

The Literacy for Health program was a yearlong project to develop and test a curriculum combining literacy skills and health knowledge to help young inner-city adults develop the literacy skills needed to interpret written health information and gain the information needed to maintain their health. The project was a partnership between health educators and literacy specialists in Chicago. An eight-unit curriculum was developed and tested with 89 young, low-income African American female clients of four programs: a multisite social service center, a social service center for public housing residents, a home for unmarried mothers, and alternative high school for students who have either dropped out or chosen to leave high school for various reasons (such as poor academic performance, pregnancy, and behavioral problems). Included in the curriculum were units on the following topics: nutrition for health and economy; human development; parenting for healthy outcomes; dealing with stress, social isolation, and family violence; human sexuality; acquired immune deficiency syndrome and other sexually transmitted diseases; problems of safety; and accessing and using health care and health information. The curriculum was received favorably by teachers and students alike and is still being taught in the target community. Included in each unit are lesson plans (containing objectives, a list of materials, and learning activities) and some or all of the following: vocabulary lists, checklists, student handouts, worksheets, and tests. (MN)

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LITERACY FOR HEALTH:
IMPROVING HEALTH LITERACY IN THE INNER CITY

ED 404 436

Final Report To The National Institute For Literacy

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TABLE OF CONTENTS

This is the Final Report to the National Institute for Literacy on the *Literacy for Health Program*, whose initial funding was provided by the Institute. The funding was used to develop and test a curriculum that combined literacy skills and health knowledge in a way that would help young, low literacy adults to maintain better health. The Institute's funding covered the period from October 1, 1992 to September 30, 1993. While this is a final report to the Institute, this is a first year report for the Literacy For Health program, since the program is continuing beyond the first year with foundation support. Therefore, the audience for this report is not only the Institute, but also others interested in developing similar programs. The report provides an opportunity to itemize the lessons learned after one year. and to provide a more solid foundation for the continued development of the Literacy for Health program.

As indicated throughout this report, Literacy for Health differs from both community-based literacy and health education programs. How literacy for health differs from both literacy education and health education was a question that was often debated by the project staff. Thus, this report examines the specific challenges in developing a unique collaborative effort between two disparate perspectives, adult literacy education and health promotion education. The curriculum development process benefitted from this partnership which allowed each partner to contribute its experience and perspective.

The Literacy for Health program also differed from other typical community-based literacy programs in that it did not emphasize just narrative or expository prose, but rather a form of document literacy. The relationship between health-context based knowledge and skills and more basic literacy skills development was also often discussed by the program staff. The original proposal did not expect improvements in general literacy skills. Changes in literacy were hoped for within the narrower confines of dealing with health issues and health documents. However, as will be seen below, a literacy specialist can bring to bear techniques used to enhance general literary skills that may also enhance a health education process which involves mastering the use of written health documents. While the Literacy for Health curriculum was almost entirely taught by health personnel, one possible way of expanding and enhancing the effectiveness of the program will be to use a teaching team consisting of health personnel and a literacy educator.

Conceptualizing Health Literacy

For the purposes of this project, health literacy was defined as:

- the ability to comprehend printed health information;
- the skills to use health information in one's personal or professional life: and,
- the development of values and attitudes that support a healthy lifestyle.

The primary objective of the health literacy program was to design a curriculum which would develop the literacy skills needed to use and interpret written health information. While visual media may provide a great deal of useful information on health, written information is still the medium of choice as used in health care institutions and in educating the community. Written information also has an accepted authority (do the following!) that is difficult to achieve by visual media or verbal instruction. In addition, written information is available for future reference and review. In summary, the health literacy curriculum was designed to develop specific literacy skills needed to process and interpret written health information.

The second major objective in developing the health literacy curriculum was to design a program that would encourage participants to use written health information to maintain and improve their health. The program evaluation analysis provided opportunities for participants to demonstrate such knowledge and skills. These skills include knowing how to take and interpret a reading on a thermometer, administer medications after reading directions, obtain access to health care when needed, use a child car seat, and so on.

Finally, the program sought to develop values and attitudes that encourage health maintenance behavior. Perceptions of risk and the efficacy of treatment have been shown to have a significant influence on health behaviors and outcomes. This is the affective dimension of health literacy which has been conceptualized through frameworks such as the controversial Health Belief Model. While one need not subscribe to this particular model, it is imperative that a health literacy program address affective factors that influence health behavior and practices. Nutrition, sexual practices, and the use of alcohol, tobacco and illegal substances are strongly influenced by a number of factors, including knowledge and peer pressure, but these behaviors are also affected by values. and attitudes.

The above conceptualization goes beyond traditional knowledge based health education and promotion. Often community-based health education is short-termed and this necessitates expectations of limited outcomes. When emphasis is on the communication of information in a traditional didactic manner and feedback from the students is confined to asking questions, the benefits to students, particularly with low literacy skills, is often limited to changes in factual knowledge. Student values and skills in dealing with health issues are generally the same after the education program ends. Where there is some effort to develop skills, they are often of the mechanical kind, such as how to use a condom or how to administer CPR.

Modeling a health curriculum on literacy education requires a more engaging type of teaching to involve students in the education process and to encourage them to participate in various reading and writing tasks related to health issues. Teachers must do more than just lecture and students must do more than just listen. Yet this more

interactive, engaged style of teaching may not be practiced by many community health educators.

Incorporating literacy into a health education program meant more than including reading and writing activities. It meant integrating reading and writing in a way that enhanced the health education process. Developing this curriculum involved devising lesson plans with stated substantive objectives and revising curriculums, teaching styles and techniques by drawing on the principles of best practice in both health and literacy education. For example, the skills needed to read food labels may be important, but learners must also develop an understanding of good nutrition principles and the health implications of consuming the food nutrients listed on such labels.

Although this concept of health literacy may be more suggestive than rigorous, it was adequate for the initial development and teaching of the curriculum based on the dimensions delineated in the health literacy definition above. However, it is only through the continued teaching of the Literacy for Health curriculum and the measurement of outcomes that a more refined definition of health literacy will arise.

Development and Implementation Strategies

Literacy for Health is an extension of the Primary Health Care projects of the College of Nursing at the University of Illinois at Chicago. These projects use a team made up of a public health nurse and a community health advocate as agents of change to improve health outcomes in their communities. Health advocates are residents of their community who, before becoming paid advocates, have often been the natural helpers within the community, assisting neighbors with personal problems or getting involved in community improvements. The Primary Health Care projects emphasize community health education.

The nurse-health advocate model was also used as the teaching team for Literacy for Health. The nurse and health advocate had spent nearly five years in the target community, an inner city area characterized as 98% African American and over 50% below the poverty level. Based on their experience in community outreach and health education, young parents were identified as a highly motivated group who were seeking ways to maintain and improve their health and that of their children. Therefore, the Literacy for Health project focused on this group and this community. Both the nurse and health advocate were involved in teaching and curriculum development with the public health nurse providing technical and social support to the health advocate. It was expected that as the curriculum matured, the public health nurse would become more involved in technical development and dissemination.

The Literacy for Health project was also conceived as a partnership between health educators and literacy specialists. Within the University of Illinois at Chicago, this was a partnership between the College of Nursing and the Center for Literacy. In addition, the Department of Medical Education of the School of Medicine participated on a consulting basis with regard to evaluation. During this first year, the literacy specialist participated in the development of the curriculum's lesson plans and as a problem solver with regard to pedagogical issues. This involved weekly meetings between the literacy specialist and the health promotion educators. The literacy specialist also participated in on-site observation of the classes and, in general, assisted with the development of activities involving the practice of literacy within the health promotion education framework.

As originally planned, the curriculum development was to take about three months with pretesting of some individual lessons within the community. While many lessons were completed before the start of classes, other aspects of the curriculum required a period of exposure to the students to ascertain their needs, skills, knowledge and limitations. That is, some knowledge of what would work and not work with the students was necessary before certain lessons could be developed.

The cooperation of several community organizations was also necessary to recruit students into the Literacy for Health program. A number of organizations already had been conducting literacy programs and were reluctant to take on another one. Some community-based literacy programs believed the University would be unfairly competing with them. However, it was pointed out that while the program was called Literacy for Health, the main objectives were not the teaching of reading and writing but rather the improvement of specific literacy skills related to better health outcomes and behavior. This approach made the program more acceptable to community organizations already teaching literacy skills.

Four community organizations accepted the Literacy for Health program.

1. Multisite Social Service Center:
   This is the largest social service organization serving the target community, and it provides a large number of services to residents of this area. They also have several service contracts with state agencies. Most of the students assigned to the Literacy for Health class were part of a parenting program for parents whose children had been removed from their home by the state's child welfare agency due to abuse, neglect or endangerment. In order to have their children returned, these parents had to participate in a mandatory parenting curriculum. The Literacy for Health course was part of this mandatory curriculum and provided health education.

About 57 students participated in two Literacy for Health classes, ranging in age from the late teens to the early thirties. Most were in their twenties. This class also included a few fathers as well as a few couples attending together. Some had a high school diploma or G.E.D, but most were high school dropouts. This was both the largest and the most street smart class with many participants willing to challenge or test the teachers. Because of its size and composition, this class was the most challenging to the instructors. Yet meeting that challenge helped shape the scope and direction of the Literacy for Health curriculum.

2. Social Service Center for Public Housing Residents:
As a social service center which targets youth and young adults, this Center operates a parent education program for the residents of a public housing project in the target community. The Literacy for Health curriculum was included as part of its education program. Eight mothers participated in the Health for Literacy classes. These were all women who were parents, most in their late 20's and early 30's. Of the groups taking part in the curriculum, this site had the most experienced parents.

3. Home for Unmarried Mothers:
This is a small agency that provides education and residential services to young mothers-to-be and recent parents. The participants are young women whose parents refused to support them when they became pregnant. They generally stay at this agency for about six months to a year where they receive care, counselling and education for self-sufficiency. The residents are not necessarily from the target community but come from any community in the Chicago area. Ten students participated in the Literacy for Health classes in two different classes. Most of the participants came from middle class backgrounds and had the equivalent of a high school diploma. Of the three groups, the students here had the most developed literacy skills.

4. Alternative High School:
Many outreach and education programs in the target community are suspended during the summer. With children off from school many parents must devote their time to child care rather than education. For the summer months, the Literacy for Health project sought an additional site to replace the social service centers. This alternative school is a private high school operated by the Chicago Catholic Archdiocese. Its students have either dropped out or have been forced to leave high school because of poor academic performance, behavioral problems, pregnancy or other personal difficulties. The students range in age from the late teens to the

middle twenties. Given the alternative nature of the school and that some students either were now or would soon be parents, it was selected as one of the summer sites for the curriculum. The school provided 14 students for the class.

Instruction began at the first three sites listed above in late January, 1993. The original plans called for the curriculum to be taught at each instruction site in twice-a-week- two hour sessions over a three month period for a total of about 50 hours. However, the agencies supporting our work at the first three sites could only offer us one two hour session per week for a maximum of 20 weeks. During the summer the classes for the alternative school site were scheduled an hour a day for five days a week for 10 weeks. Unfortunately, the promised number of weeks was shortened. The total number of hours taught each session at each site averaged 40 hours and not the 50 hours planned. The possible effects of the shortened program will be discussed below.

Teaching Strategies

The success of the program greatly depended on the materials selected for learning health literacy. Learning materials consisted of realistic written material that the learners encounter on a daily basis. Many of the chosen topics easily generated materials that can serve as a basis for both health education and literacy improvements. For example, nutrition material included food labels, money saving coupons, food advertisements, menus and nutrition charts. Forms for visiting health care services, vaccination schedules and medicinal packages provided material for reading, writing and discussion. Various documents such as tables of food nutrients prepared by food manufacturers or fast food restaurants and clinic in-take forms were also used. These formed the basis for exercises and class activities. In addition, several tables and charts were constructed to aid learning.

Learners were encouraged to keep a health diary in which they recorded major health events in their life and that of their children. This might include symptoms, vaccination schedules, medications administered, visits to the doctor, etc. The diary not only encouraged simple writing and formed the basis for class discussion, but also facilitated good health care practices for participants and their families. Discussions with adult literacy teachers indicated that providing the learners with an opportunity to read and discuss their writings would also encourage them to continue the writing process. The health diary was not only promoted as a class exercise, but also as a good health practice that could be maintained after the class ends.

Evaluation Procedures

Current research in the field of adult literacy supports teachers' misgivings about the exclusive use of formal testing in evaluating reading competency. In addition to the possible discouraging impact of testing on the learner, the testing process may actually be more a measure of test taking skills than reading competence. However, given the demonstration nature of the Literacy for Health curriculum, some *pre-and post-tests* of health literacy appeared justified. The CASAS Reading Appraisal Form was used as an initial screening to obtain information on general skill levels to alert teachers to students who might have significant difficulties during the program as well as to students who might have more highly developed literacy skills and may need to be more challenged during the course. However, due to the minimal contact hours and to the fact that the course was being taught by experienced health educators and not by reading/literacy teachers, it was not considered appropriate to attempt to measure meaningful gain in reading competence.

For health, both content and applied knowledge were tested on a lesson by lesson basis. This also provided an opportunity to evaluate the effectiveness of the lesson plans and teaching as well as the appropriateness of the subject matter. Such tests often allowed students to demonstrate knowledge and skills or used non-traditional testing materials. For example, nutrition information from McDonald's was used as test material in evaluating the students' ability to plan a healthy meal.

Since the courses at the alternative high school were credited toward a high school diploma, a grade for each student was required from the Literacy for Health course. A final examination was administered to test overall health knowledge at this location but was not administered at the other sites.

As indicated, health literacy involves not only knowledge but also behavior and values. These components were measured by questionnaires before the start of the curriculum, at the mid-point and after it was completed. The questionnaires also provided an opportunity for the students to evaluate the curriculum. The initial questionnaire solicited information on each student's family life, health behavior, attitudes, and reading habits. Unfortunately, due to retention problems or individual student resistance, it was difficult to use subsequent questionnaires to measure specific individual changes. In some classes, teachers felt they would receive more candid responses if students did not sign the final evaluation questionnaires. When available, baseline data were combined with other performance measures, particularly data from classroom performance and written assignments.

A number of informal methods were also included to evaluate the process of learning, changes in literacy competency and the relevancy and effectiveness of the teaching practices. A number of these methods have been summarized under the rubric of interpretive evaluation, and they form the basis for the qualitative evaluation techniques often used in literacy programs. These techniques concentrate on the ongoing evaluation that teachers use all the time to understand what is going on in the classroom. How are students using and interpreting the information the curriculum provides? What is the relevancy of the class and its curriculum to the life of the student? What impact is the teacher having on the student? What can the teacher do to make the curriculum more meaningful to the learner? The following were developed for the evaluation process:

1. An initial questionnaire addressed student health attitudes and habits as well as reading practices. This provided some baseline data for measuring changes in attitudes and behavior. The questionnaire along with a portfolio that samples the learner's work throughout the curriculum was used to evaluate knowledge, interests and concerns regarding health. Writing done by the learner and notes by the teacher or the researcher acting as a participant observer in the classroom were added to each student's portfolio. The portfolio, along with other evaluation procedures provided feedback for changes in teaching methods to improve the effectiveness of the instruction.

2. Practicums were used to evaluate how well the students applied the classroom learning to real world situations. For example, a visit to a supermarket tests in practical terms how well students applied the information on nutrition. A visit to a clinic to obtain health care tested skills in accessing the health care system. Unfortunately, such experiential activities were not incorporated into the curriculum to the full extent desired by the staff due to limited resources and time. Although there was some opportunity to pair students to go out into the community to complete such practicum exercises, all too often class time was not allotted for these activities. Students were encouraged to complete these exercises outside of class and then time was reserved to discuss and share their experiences in class.

3. Observations by researchers and instructors were used to consider the level of interaction between learner and teacher, or among the learners themselves. These observations also provided data on the effectiveness of the presentations and the reasonableness of the syllabus.

4. Instructors used teacher logs to reflect on their performance on a given day as well as that of the learners. Teachers were encouraged to consider changes they would make if they could do the class over again.

5. Teacher conferences with the students provided information on the effectiveness of the learning and teaching process, identified difficulties students were experiencing, and revealed whether or not the students considered the health literacy curriculum relevant to their lives.

6. Evaluation interviews were conducted with groups of students at the completion of the curriculum.

The above collection of techniques represents the basis for collaboration between the instructors and the evaluator. The object of the evaluation process was not only to find out how well the curriculum was working, but also to engage in an ongoing process to make the curriculum more effective. As such, the evaluation also served as a curriculum development and management tool.

However, as the project priority in the 01 year was curriculum development project resources in terms of time and staff were used accordingly. Although it would have been ideal to hire a full time evaluator, we did have funding for a part-time position. An evaluator from the Department of Medical Education of the College of Medicine was brought on as a consultant on a one-fourth time basis for a period of six months. This department has had extensive experience in evaluating community-based health programs, and the evaluator was able to develop many of the instruments and processes described above. The techniques used changed as the year progressed and were a reflection of both newly developed instruments and increased training of the instructors and staff. However, further time and resources are needed to adequately train the instructors to implement these measures. Consequently, the various evaluation techniques and strategies were not used consistently across all class sites.

Outcomes and Conclusions

Curriculum & Instruction

1. **The Literacy for Health project developed and tested an eight unit curriculum for improving literacy skills that would enhance health outcomes for young African American mothers and their families.**

More health topics were relevant to the curriculum than could be covered in the 50 hours allotted to its teaching. The following general topics were chosen as the basis for lesson plan development.

1. Nutrition for health and economy
2. Human development
3. Parenting for healthy outcomes
4. Dealing with stress, social isolation and family violence
5. Human sexuality
6. AIDS and other sexually transmitted diseases
7. Problems of safety
8. Accessing and using health care and health information

This Literacy for Health curriculum is based on substantive health goals and is a literacy-based program developed to teach reading and writing skills through the use of written health information. The curriculum was specifically designed to increase the participants ability to understand and process written health information and to improve health knowledge, attitudes and behaviors. Given these health focused goals, the materials and activities incorporated into the lessons used written health materials that students would realistically encounter in their daily experiences.

The project staff has realized both the burdens and benefits of constructing such a curriculum which substantially differs from either a health or literacy education program. Although the end product is enhanced by incorporating the expertise of both disciplines, this type of collaboration is a time intensive endeavor. Revisions based on preliminary field testing proved inadequate, and each unit has undergone continued review after each teaching experience as we strive to achieve the desired balance between both health and literacy goals.

The nurse-health advocate teaching team contributed a level of health knowledge significantly beyond that of a literacy teacher. However, they were not initially comfortable with the on-going modifications needed to address the needs of a wide variety of learners typical to a literacy program. Their experience with more short term, discrete workshops had not prepared them for the demands of either developing or teaching an on-going sequential program. The project director developed the plan for the first set of lessons on nutrition, a fairly concrete topic in terms of knowledge base. This served as an example for the teaching team to use in developing subsequent lessons. The literacy specialist from UIC's Center for Literacy acted as a consultant in the lesson plan construction process. It was critical to involve both literacy and health educators to develop appropriate literacy activities that would enhance the health education process.

This merger between health and literacy required the traditional health education instructors to develop new ways of teaching. Through both the teacher logs and the weekly staff meetings which often served as teacher debriefings, the instructors have been able to identify changes in their teaching styles. For example, the staff participated in a new level of evaluation. Health instructors are often limited in evaluating the effectiveness of their presentation or in measuring any impact for students when they are confined to single presentation workshops. In this program, the instructors came to value the sequence of sessions with the same students and to appreciate the evaluation process as a means of obtaining feedback to improve the curriculum.

2. The curriculum was taught at a number of sites in a Chicago inner city community to a total of 89 low income African American students. Teaching time varied to meet the special needs of the students at each site. After each round of teaching the curriculum was revised based on the teaching experience and its evaluation. The curriculum underwent three major revisions by the end of 1993.

The curriculum was taught at the following sites:

1. Large Multisite Social Service Agency
   February 3, 1993 to June 8, 1993 - 28 participants
   September 22, 1993 to December 6, 1993 - 29 participants
2. Home for Unmarried Mothers
   January 4, 1993 to May 14, 1993 - 5 participants
   July 2, 1993 to November 1, 1993 - 5 participants
3. Public Housing Site
   February 4, 1993 to May 20, 1993 - 8 participants
4. Alternative High School
   June 21, 1993 to August 6, 1993 - 14 participants

The Literacy for Health curriculum has been designed as an approximately 50 hour program. However, early attempts to allocate specific time limits to each lesson or unit were later rejected. The development team wanted the curriculum to be flexible in meeting the needs of each individual group. The instructors soon discovered that each class was unique not only in terms of skill levels or abilities but also in terms of experience and prior knowledge. For the participants at the large social service center, the Literacy for Health class was but one component of a more comprehensive parenting program which also addressed child development and discipline issues. Therefore, these units could be modified or abbreviated to avoid repetition or duplication, and more time allotted for other units such as nutrition and safety/cardiopulminary resuscitation (CPR). The public housing parents were slightly older and the instructors needed to modify lessons to include issues related to older children. Conversely, the participants at the alternative high school were generally younger and included new or expectant parents as

well as individuals who were not parents but who had significant child care responsibilities for younger siblings. At the home for single mothers, several of the women were currently pregnant while others were living there with their infants or toddlers. By maintaining a flexible content schedule, the instructors were able to emphasize the units or lessons most appropriate to each group.

Our efforts to be responsive to the unique needs of each group, combined with scheduling conflicts, precluded each class from experiencing identical curriculum. In the original planning, classes were to be taught in two hour sessions, twice a week for approximately twelve weeks. In reality, this schedule was not implemented in any of the sites. Most sites were able to schedule the classes for two hour sessions once a week for approximately 20 weeks, but the alternative high school followed the more traditional daily, one hour class format, and Literacy for Health was offered as a health elective during the eight week summer session. However, all sites received approximately 40 hours of instruction. Whether specific lessons were totally excluded or simply abbreviated depended on the needs of each class and varied by site.

Topics for the initial curriculum development were selected by the nurse-health advocate teaching team based on their combined years of experience in providing health education to this community. The instructors along with the project director developed early drafts for the lessons which were then reviewed by the total team including the literacy specialist and the evaluator from the Department of Medical Education. These early lessons were also field tested at one of the sites during this development stage. Then, during the actual implementation stage, weekly staff meetings were held to review and critique the lessons taught that week. Teacher journal entries or notes were regularly submitted for transcription, and the weekly staff meetings often served as teacher debriefings. Based on our discussions of actual teaching experiences and review of students responses or reactions, major and minor revisions were incorporated into individual lessons.

The first cycle of classes allowed the team to review the sequencing of units within the curriculum and the appropriateness of each topic. Initially the unit on Family Violence preceded the human development unit, partly because of its importance as a health issue. Based on the first round of teaching, the team decided this was not appropriate. The Family Violence unit addresses many sensitive topics and students need more time to get to know the instructors. The Human Development and the Parenting Skills: Effective Discipline and Guidance units were moved up. The information covered in these units provided the necessary background for a unit dealing with the more sensitive family violence topics.

3. Constructing the Literacy for Health Curriculum with a significant number of literacy activities to enhance health education differed from a typical community health education program and required extensive development time--more than was originally predicted. In general, adopting a substantive curriculum that included literacy skills and health education requires experimentation and major revisions.

Since the Literacy for Health Project had both experienced health educators and adult literacy teachers, it was easy to be optimistic about the amount of time it would take to draft a curriculum ready for implementation. However, considerable investment in time was needed to develop a collaborative relationship and modus operandi between different specialties, in which each could be given a chance to learn the others needs and strengths.

The Literacy for Health Project was designed to foster interaction between teacher and learner around a number of literacy activities that could enhance health education and skills in dealing with written health information. While the project instructors had extensive experience in delivering health education, they had not used highly interactive and literacy-based activities. Reaching a comfort level with this approach contributed to a longer than expected start-up period.

The goals of the Literacy for Health program were to teach health information that (a) increased skills in using certain kinds of health information; and (b) used activities involving reading and writing (such as a health diary) to improve health knowledge, attitudes and behavior.

Developing suitable learning activities required the careful application of a dual criteria that was not always easy to apply in practice: Do lessons enhance appropriate literacy skills? Do they help fulfill the health goals? The strength of the collaborative process between the disciplines of health education and literacy education can be evaluated by the ability to develop suitable teaching units for achieving *both* the literacy skill goals and the behavioral health goals. While it is easy to state these dual objectives as a guiding principle, developing suitable literacy skills learning activities to meet these goals requires a close collaborative effort in which particular literacy development activities are judged by their consequences for improving health.

For example, using writing to list foods eaten over several days is one technique for getting students to understand their eating patterns in terms of good nutrition. However, encouraging students to list behavioral and situational factors that may have provided the impetus for eating and the foods selected is essential to understanding the health value of the exercise. It then becomes a writing exercise that is personally meaningful.

4. Literacy for Health can serve as a curriculum for developing document literacy skills.

Most health education is of an expository nature; that is, the objective is to have the student or consumer understand the available health information. Much of this information is in the form of "documents" such as nutrition labels, medication instructions, in-take forms, consent forms, etc.. At the basic level, health education involves the interpretation of expository prose. But it also involves developing critical thinking or problem solving skills. Seeking and maintaining health requires bringing together different pieces of information to make decisions and solve problems. When are symptoms severe enough to warrant a visit to a doctor? What foods should I include or exclude from my family's diet? Where can I find out more about a health problem? What are appropriate discipline techniques for a child's misbehavior?

There is no simple formula for incorporating these skills into the curriculum. They involve developing many learning activities that use written materials and health related documents. Our experience with the Literacy for Health curriculum is that this development occurs in stages. As each draft of the curriculum is constructed and used with students, additional means are found to add complexity in terms of seeking to develop higher level skills in the students. This is one of the directions in which the Literacy for Health curriculum will be further developed.

5. Combining a health educator and a literacy specialist added to the effectiveness of the learning process.

The original model called for a nurse-health advocate teaching team with the nurse serving as a mentor to provide both teaching and content knowledge support to the health advocate. It was planned that the health advocate would assume greater teaching responsibility as she acquired more experience. While this worked well in terms of training and supporting the health advocate in health related areas, it was insufficient in terms of developing literacy teaching skills. While the nurse was an experienced health educator, she was not experienced in literacy education. Both members of the team, nurse and advocate, met with the literacy specialist to develop techniques and strategies for involving all participants in the lesson activities. This was an ongoing process however, and many questions were addressed after the fact. "This is what happened. What could I have done differently?" In addition, both the literacy specialist and the evaluation consultant visited classes and provided feedback and suggestions to the teachers.

It has been determined that the ideal type of support for a community health advocate teaching health literacy, comes from both literary and health expertise. The expertise of both types of teachers is needed. The model to be tested during the second year of the project will pair the now experienced health advocate with an experienced adult literacy teacher. Both classroom teachers will be supported by a nurse from the College of Nursing and the literacy specialist from the Center for Literacy.

6. A substantive area such as health touches the personal lives and issues of students. Thus, teachers may have to assume multiple roles and apply different skills to both reach the students and achieve the program's health goals.

The Literacy for Health program recognized various levels of student literacy skills and health information and adapted the program to meet a variety of skills and needs. However, health education differs from other content based literacy programs in that the subject matter can touch on personal aspects of a student's life that may be too painful and sensitive for their full participation, such as domestic violence and child abuse. Yet, these are serious health problems in many communities that need to be addressed. This requires teachers with experience, knowledge and sensitivity to cultural and community values. Some experience teaching these issues is a prerequisite for effectively teaching the Literacy for Health curriculum.

In the area of health, the teacher may not only provide information, but is also sought after as a problem solver regarding personal health issues. Some of the problems are often complicated and require case management skills to resolve. Becoming involved with students in terms of these personal issues takes time away from the planned curriculum. Yet, ignoring the problem can be difficult emotionally and morally. While the instructors did not assume the role of a nurse or casemanager, considerable time was devoted to dealing with students' personal issues. This is probably a necessary requirement for gaining the student's confidence and continued participation.

7. Real life situations of the students require flexibility in the teaching process.

Factors which appear to influence participation in learning activities are not always the level of basic skills but the amount of time available to fulfill homework assignments, home conditions and interest in the topic. Many students have extensive responsibilities at home, particularly single mothers. Many learning activities that could be completed as homework were modified and completed in class. Writing activities generally had higher participation and completion when assigned for class than when assigned as homework. Certain activities however, did require observing and recording activities in the home. In one assignment the students recorded their eating habits over a three day period. In another, students observed their child's behavior and considered their disciplinary response.

8. The curriculum and the teaching model worked well with its originally targeted audience, young mothers.

The Literacy for Health project was originally conceived as an education program for young mothers. However, young fathers were included at one of the first sites. Although this mixed group presented few problems for some of the lessons, the inclusion of men in other lessons proved difficult. For example, in the mixed class there was considerable tension between the students and the teachers and among the students during the Family Violence unit. It was determined that future classes would be evaluated carefully and, if necessary, divided by gender for this unit. We have not explored a health literary program which pairs a male teaching team with a male group of health literacy students, yet this might be worth future investigation.

The class at the alternative high school probably required the most modifications. These were generally younger participants, both male and female, and included some who were parents and many who were not. In this case, it was necessary to determine the various levels of responsibility among the students. For example, some may not be involved in family meal planning or preparation but may still need to consider personal eating patterns and behaviors. This would affect several of the nutrition lessons. Likewise, while some were not parents, it became evident that many assumed parental roles with younger siblings. These roles needed to be considered during units dealing with child growth and development or parent discipline practices.

In terms of participation in class discussion and assignments, the curriculum was most attractive and useful to young mothers. This group remained the focus of the curriculum development as it went through several revisions.

Student Outcomes

9. Reading skills among the students varied greatly.

The CASAS Reading Appraisal was administered to obtain data on initial literacy skills. This was not intended as a pretest to measure subsequent specific growth or improvement in reading competency. Neither the time allotted nor the experience or training of the health educators would warrant evaluating the students in these terms. However, the baseline information from this appraisal does confirm that the participants in each class had a wide range of literacy skills. This information was made available to the instructors to enable them to identify and plan for students who might experience considerable difficulty with the reading or writing activities included in the curriculum as well as for those students who might have more highly developed skills and who might need to be challenged during the course.

Test interpretation was based on the CASAS scale score guidelines and the following four categories: scores below 200, 200-214, 215-224, and 225 and above. Each class tested was comprised of students from all but the lowest of the four categories.

Class	*below 200*	*200-214*	*215-224*	*225 and above*
Number 1	0	3	3	12
Number 2	0	1	8	5
Number 3	0	6	4	6
Number 4	0	4	2	7

The CASAS interpretive scale suggests that those scoring in the 200-214 range have low literacy skills and are most likely functioning below a 7th grade level. Those within the 215-224 range have basic literacy skills but will experience difficulty following more complex directions or engaging in more involved activities. These students are most likely functioning below a high school level. And finally, those scoring at or above 225 can function at a high school entry level or above. Clearly the above data exemplify the wide range of skill levels in each of the classes tested. It should also be noted that some students seemed to purposefully avoid the testing, and the instructors or observers have suggested that these students would most likely fall into the lower categories. As discussed above, trying to incorporate literacy based activities into a health education program while attending to such varied abilities proved a challenge for the nurse-health advocate teaching team.

10. Health habits seem to be associated with literacy skills.

At the beginning of each course, the students completed a health profile which provided information on current health attitudes and habits. The instructors, who spent the most time with the students, considered this information along with the literacy test data above and concluded that those who seemed to show health attitudes and behaviors in need of change also appeared to have the poorest reading habits and skills. It is these students who may, in fact, be in most need of the Literacy for Health curriculum. However, they may also require the most attention to bring about the desired changes in health attitudes and habits or to facilitate greater participation in the literacy activities.

11. The Literacy for Health curriculum was effective in communicating knowledge as well as changing health attitudes and behavior.

Extensive interviews with participants at the end of the instruction and responses on the final evaluation questionnaire indicated varying degrees of change among students and classes. These instruments indicated changes in attitudes and behavior, particularly in

terms of diet, child rearing practices and skills in accessing the health care system. For example, after the nutrition unit participants regularly reported involving other family members in planning nutritional changes in meal planning or shopping. While parents seemed to make the most progress in implementing diet changes for young children (snacking on vegetables, drinking juice not soda, etc.), older children and other adult family members were not always receptive to these changes.

Changes in child rearing practices seemed to be positively influenced simply by the length of the program. Parents had the opportunity to observe and record their current practices or approaches, explore alternatives through classroom discussion and activities, and then attempt to implement a new method or approach with the support and encouragement of the teachers and their fellow students. Many described the advantages of this instructional pattern: learn something new, go home and try it, come back and talk about the experience. This model also worked very effectively during the HIV/AIDS lessons. In many classes, it was readily apparent that many participants had been exposed to AIDS education programs. However, many were very responsive to the lesson which focused on understanding and deciding what information should be shared with children of various ages. The students were able to plan what material to share and how this could be done as a positive experience for both parent and child.

Role playing and practicing were also two methods singled out by students as very beneficial. The opportunity to try out a new approach, a new way to talk to their children or a new way to talk to the doctor, was beneficial for many. The instructors also noted that the feedback from peers increased both in quantity and quality as the course progressed.

Although these types of changes in health knowledge, attitudes, and behavior have been noted, this project cannot speculate on whether participants will sustain these changes. Much of the data are based on self-reports and must be interpreted in light of that limitation. In addition, the students had developed a very positive relationship with the instructors and surely that influenced their comments to the evaluation team. Unfortunately, as in many such programs, participants will lose contact with the sponsoring community organization where the instruction was delivered making the prospects for a more long term evaluation unlikely.

12. Literacy for Health had to be modified to meet the special needs of individual sponsoring community organizations.

A demonstration project such as this can develop plans and commit program details to paper, but, in the end, concessions need to be made not only to fit the schedule or external constraints of the community organization but also to meet the unique needs

and circumstances of each class of students. In this instance, the untested nature of the program hindered the recruitment of agencies that would serve as a site. In fact, the program title, Literacy for Health, presented the first barrier. Many organization were already offering literacy and either saw no need to offer more or considered this an intrusion by the university into their area of expertise or both. It was necessary to clarify that this was a health education program with specific health related goals that went beyond improving reading or writing skills. Once clarified, many community organizations and agencies expressed interest, and we continue to receive calls for additional information on a regular basis.

Initially, many sites could only accommodate a much shorter program, or it was determined that their clients were not part of the initial target group, young women or young parents. In the end, sites were chosen because they could accommodate the total (or near total) curriculum and the participants were part of the target group. In reality, some sites were subsequently forced to shorten schedules while others unexpectedly included a few young fathers along with the young mothers who had been scheduled. Both of these conditions necessitated changes and modifications.

13. A number of different evaluation techniques provided a variety of outcome data on the effectiveness of the Literacy for Health program

a. Health attitudes and behavior were measured before and after the delivery of the curriculum. The pretest was done on an individual basis while the post-test was completed by students anonymously. The latter test emphasized changes in health behavior brought about by the curriculum.

b. Use of evaluation interviews. The evaluation consultant conducted interviews with a number of students on how the Literacy for Health curriculum effected their health behavior in a number of areas, including nutrition, child rearing and using health care facilities.

c. The teachers provided feedback in the form of written and oral debriefings on their classroom experience. This contributed to a number of changes in the structure and content of the curriculum.

d. Video taping of class and student performance allowed us to observe teacher performance and student participation.

e. In a number of lessons testing was used to measure knowledge of a subject before and after a curriculum module was taught. Where students' knowledge of a subject

appeared great before the subject was presented, the curriculum was adjusted to take that into account.

f. Class observation also provided information on teacher-student interaction and performance.

g. Student writing was collected to evaluate both literacy skills and health knowledge. These writings were collected in a portfolio.

Summary

The principal activities in this project involved the development and delivery of a health literacy curriculum to young and expectant mothers in an impoverished African-American community in Chicago. The curriculum development began in November, 1992, shortly after the completion of the one day conference that the Institute held with its grantees. The curriculum was taught five times between January 1993 and October 1, 1993 at four different site in the Grand Boulevard community. The challenges facing the program were: obtaining the participation of community agencies; developing an effective health literacy curriculum that would result in a meaningful learning experience for the students participating in the program; and, evaluating the outcomes of use in improving the effectiveness of the curriculum for future use in the target community and another communities. These challenges have been met and the curriculum is still being taught in the target community.

Literacy for Health
Improving Health in the Inner City

Curriculum Modules

University of Illinois

Funded by the National Institute for Literacy

UNIT 1
INTRODUCTION

UNIT 1: **Introduction** is comprised of two lessons

Lesson 1: Introduction and Overview of Curriculum and Program

Lesson 2: Health Practices and Behaviors as Personal Choices

UNIT I

INTRODUCTION

Lesson 1: Introduction and Overview of Curriculum

Objective: Students will: 1) discuss the purpose of a Literacy for Health course and how it can help improve health outcomes for them and their families.
2) identify their health concerns and explore choices related to achieving better health

Materials: Blackboard or Flip Chart
Health Profile Forms
Health Issues & Concerns Form
Student Journal Folders and Notebook Paper
Student Health Folders
Chalk or Markers
Pencils

Activities:

1. To encourage participation, arrange seating in a semi-circle if possible. If a long table is used, have the teacher sit in the center (as a participant) not at the head.

2. Introduce self and ask participants to introduce themselves.

3. Explain the purpose and the outcomes of the health literacy classes. Emphasize the following:

   a: The quality of your health may determine how well you do in school and affect your chances for finding and holding a job.

   b: Maintaining your health and getting and keeping a job often involve dealing with written health information, such as forms, medication instructions and labels on food.

   c: Your health is greatly influenced by many things , including the food you eat, the stress you experience and the violence you see.

d: Good health involves making good choices in terms of how we live, what we put in our bodies, and how willing we are to take care of ourselves. In communities like Grand Boulevard, choices may be limited by circumstances, but there are choices that can be made that lead to improved health.

e: Obtaining good health means understanding and asserting your health rights.

f: These classes will help you make better choices for improving and maintaining your health, improve your skills in dealing with written health information and make you more aware of your health rights.

4. Discuss (list on board or flip chart) major topics for the program

5. Have students complete the **HEALTH PROFILE**. If students have problems with question #9, identifying health concerns for themselves or their family, use the **HEALTH ISSUES AND CONCERNS** form to elicit ideas.

6. Handout **STUDENT JOURNAL FOLDERS .** Explain the importance and function of keeping a health journal. Emphasize the recording of important health events, symptoms of baby and family health, health concerns, experiences on visiting a clinic, hospital, or dentist or when buying food. The journal will also be used to record thoughts and reactions to class lessons. A three-pronged folder is recommended so students can add to the journal on a regular basis. Spiral notebooks can be used but are more expensive and less practical as students may enter and exit throughout the program leaving many notebooks only partially used. It may be necessary to keep the journals in class to avoid loss and allow for individual and program evaluation. However, students should be provided with notebook paper and encouraged to add to the journal on a regular basis.

7. Handout **STUDENT HEALTH FOLDER.** Each student will have a Health Folder to file various lesson activities and to collect samples of students' work. These folders will be distributed and collected at each class and will be part of the portfolio evaluation at the end of the program.

8. Administer the CASAS Reading Assessment during the last 20 minutes of class. It is very important to maintain appropriate testing conditions.

TEACHER NOTES
for
Lesson 1

HEALTH PROFILE

The HEALTH PROFILE is used to obtain demographic information and baseline data. Students are encouraged to complete the form independently, however, should not be pressured to do so. This is a diagnostic opportunity for the teacher to evaluate reading skills. If specific individuals are experiencing difficulty, the teacher or an assistant could offer assistance during a break or after class. If many in the class are having difficulty, the teacher could read the survey aloud and have the class answer the questions together. In either case, the teacher should begin to accumulate diagnostic information from this point on.

Basic Skills Focus

Personal Identification Vocabulary
Word Recognition (Particularly health terms: doctor, clinic. hospital, etc.)
Following Directions

HEALTH ISSUES AND CONCERNS

Many students may have trouble listing their health concerns and may be self-conscious. Before giving out the **HEALTH ISSUES AND CONCERNS** form, brainstorm with the class about health issues they are concerned or curious about. List the ideas mentioned by the students on the board. If necessary, give a few examples to help them get started (diabetes, asthma, hypertension, CPR, exercise, hygiene, immunizations, nutrition, weight management, child care, family violence, taking temperatures, Heimlich maneuver, stress-management, sanitation, and child development). Although the students may need a little guidance on the kinds of topics intended, there is really no right or wrong answer. This activity is designed to get people thinking about their own "health issues and concerns"

When the class has generated a list with a wide variety of health topics, hand out the **HEALTH ISSUES AND CONCERNS** Form. The students should list their health concerns for themselves and their children first. They can use the list on the board to help them get started as a resource for spelling. Then, as the arrows suggest, they should think about how these concerns affect the whole family. These become the concerns that they should list under family.

Basic Skills Focus

Letter and word formation
Cursive or manuscript writing
Spelling evaluation
Use of standard English
Ask and answer verbal questions
Provide factual supporting details or explanations

UNIT 1

INTRODUCTION

Lesson 2: Health Practices and Behaviors as Personal Choices

Objective:
1. Students will discuss health issues, health choices, and health concerns.
2. Students will use their journals to respond to at least one of the stories included in this lesson.
3. Students will demonstrate knowledge of key terms

Materials:
Pamela's Story: Overcoming High Blood Pressure
Latisha's Story: A Good Doctor is Hard To Find
Mikeil's Story: Welfare and Me Are Not Good Friends
Blood Pressure Kit
Key Terms Sheet
High Blood Pressure Brochure (get citation)
Blood Pressure Record Card (get citation)
Poster of Circulatory System (get citation)
Hypertension Among Blacks by Age Bar Graph

Activities:

1. Three stories based on health choices are available. If the class is large enough (at least 6 participants), divide into three groups. If the class has fewer than 6 students, one of the following variations can be used: 1) divide into two groups and give one story to each; do the third story as a whole; 2) do all three stories as whole class activities. Give each group one of the following stories to work on. Note that there are different follow-up activities for each story.

   Pamela's Story: Overcoming High Blood Pressure

   Pamela's story brings out a number of issues. There are diseases more serious in the black community than in the majority community (about 15% of Black women age 20-24 have high blood pressure, compared to less than 7% for white women of the same age. After age 35, this percentage increases sharply for Black women.); Pamela had to choose among several options to deal with her blood pressure and she chose to control it by a life style change.

   First hand out the short version of Pamela's Story. It ends with "Determined not to be sentenced to taking medications all my life, I decided to adopt a more healthy

lifestyle." Ask the group to read and discuss the story. What might Pamela do to adopt a more healthy lifestyle.

When the group has talked about what Pamela might do, they should write a new ending to the story. The group should write the story together with one person acting as a secretary. When they finish, hand out the long version of Pamela's story and ask them to compare their new ending with the long version of the story. What ideas are mentioned in both? What ideas are in one but not the other?

Latisha's Story: A Good Doctor is Hard To Find

Latisha's story shows the limitations of her choices, particularly with regard to obtaining health care for her and her baby. Give Latisha's story to the group and ask them to read it. When they finish, ask them to discuss this question. Because of her financial situation, Latisha doesn't really have any other options for getting medical care at this time. So what can she do to make her situation more workable? Encourage participants to think of as many ideas as possible.

Examples:

- Make a list ahead of time of symptoms/questions that she wants to talk about with the doctor.
- Have her family health history written out ahead of time so she can refer to it when filling out forms
- Bring something to do during the waiting time so it's not wasted.

Ask the group to use one of their ideas to write a role play about Latisha at the medical clinic. Show her doing something positive in a difficult situation. Ask the group to present the role play to the class.

Mikeil's Story: Welfare and Me Are Not Good Friends

Mikeil' story shows that you still have choices even though they may be restricted by circumstance such as being an unwed teenage mother. Give the group Mikeil's story and tell them to read and discuss it. What options does Mikeil have? When the group has had time to discuss this, ask them to write a second chapter for Mikeil's story. Where will she be and what will she be doing in five years?

Group Reports: When everyone has finished working each group should report to the class. As each group reports, they should 1) give a copy of their story to everyone in the class; 2) read their story aloud; 3) explain the task they were assigned; 4) share what they did with their assignment. After each group reports, the entire class should discuss issues raised by the story and the group's work

Blood Pressure Check: Ask for a volunteer to have their blood pressure checked. If possible, check all students' blood pressure. Explain the meaning of the blood pressure reading as well as the normal or healthy range of readings. Discuss the high blood pressure brochure. Record each individual's blood pressure on the record cards. Use the poster of the circulatory system to explain the blood pressure. Distribute and read together the **HYPERTENSION AMONG BLACKS BY AGE** bar graph. Explain the legend and the numbering along both axes. Use questions such as the following to guide the discussion:

1. Generally, is there a greater tendency for men or women to have elevated blood pressure?
2. At younger ages, men seem to have more of a problem with hypertension. At what age does this change and the women experience a more serious problem?
3. What percent of women have hypertension between the ages of 25-34?

2. Ask students to write in their journals about an experience they or someone they know had that may be similar to incidents in one of the three stories. This can be done in class or assigned for next class.
3.. **KEY TERMS** sheet is included and may be used in a variety of ways. Students may work individually, in groups or as a class to define the terms or to create a sentence using all or most of the terms. The teacher or the class might try to construct a crossword puzzle using the key terms.

TEACHER NOTES
for
Lesson 2

STORY COMPREHENSION

All reading approaches including adult reading programs need to focus on comprehension. Word recognition or decoding skills are a means to an end, the end being reading comprehension. To encourage comprehension and critical thinking, the discussion following each story should focus on a range of questions or levels of analysis. Following are sample questions based on **Pamela's Story: Overcoming High Blood Pressure.**

Recall	Student must remember facts	Was high blood pressure in Pamela's family?
Inference	Student draws conclusion from the passage	Was Pamela typical of those at risk of high blood pressure?
Prediction	Student "guesses" what might happen next	What are Pamela's chances of staying off medication? What information in the passage helped you decide?
Synthesis	Student combines information from the passage	How do medication and diet work together to control high blood pressure?
Evaluation	Student expresses an opinion	Should Paula have discontinued her medication? Why/ why not?

Basic Skills Focus

Recognize and use punctuation signals	Distinguish fact from opinion
Define main idea	Identify cause and effect
Identify supporting details	Draw conclusions
Develop sequence	Make predictions
Make inferences	Evaluate information

HYPERTENSION AMONG BLACKS BY AGE BAR GRAPH

Bar graphs are a common means of displaying information. The instructor should take the time to carefully explain all aspects of the graph. Discuss the numbering along both axes to be sure that the students understand the age groupings and that the vertical numbers refer to percents of the population. Also point out that the shaded area signifies women and the lighter area men. Provide an opportunity to practice interpreting these types of graphs by asking a variety of questions or by encouraging students to make up questions based on the graph.

KEY TERMS

Teachers are encouraged to be creative in using the KEY TERMS sheets. These are not vocabulary lists to be defined weekly. Rather, they are included as important health terms related to each lesson. For this first list, students may want to work together to define or to create a sentence using as many of the terms as possible. Student or teacher generated crossword puzzle may also be helpful.

Basic Skills Focus

Word recognition
Use of synonyms
Correct sentence structure

HEALTH ISSUES AND CONCERNS

Most people are concerned about their own health as well as their children's health or their family's health. Please list the health topics or questions for each area that you would like to include in this class.

SELF	FAMILY	CHILD

BEST COPY AVAILABLE

Pamela's Story: Overcoming High Blood Pressure

(Long Version)

I didn't have the characteristics of someone with high blood pressure, or hypertension as the doctors call it. I was 5 feet four inches, weighed 108 pounds, didn't eat junk food, never added salt to my food and was a non-smoker. I thought I was doing all the right things to ensure my health and longevity. So, it was hard for me to believe I had high blood pressure. But like my mother who had struggled with it since her thirties, and her mother who had died from it in her 40's, I had inherited the family tendency toward this disease, a major killer of Black Americans.

I found out about my high blood pressure through a routine physical exam. The nurse said my blood pressure was 170/100, well above the normal rate of 120/70. I tried to ignore it, but when I checked a few weeks later my blood pressure reading was still way above normal.

At this point, my doctor monitored me for one month. The readings were always above 150/90. He gave me a prescription for Dyazide, a medication to control my hypertension.

Determined not to be sentenced to taking medications all my life, I decided to adopt a more healthy life style. I maintained a low salt diet, added fresh fruits and vegetables and fish and poultry to my grocery list. I also started doing aerobic exercises and worked swimming into my schedule. I also started to control the stress in my life, such as cutting back on my 12 hour work day.

It took three years before my doctor was able to cut back on my medication. Finally, he put me on a trial run of only exercise and diet to control my blood pressure. I monitor it regularly. It now ranges between 125/70 and 130/80, which is considered normal for me.

BEST COPY AVAILABLE

Source: The Pamela story is adapted from essays in Evelyn C. White (ed.) The Black Women's Health Book, pp 151-155.

Pamela's Story: Overcoming High Blood Pressure

(Short Version)

I didn't have the characteristics of someone with high blood pressure, or hypertension as the doctors call it. I was 5 feet four inches, weighed 108 pounds, didn't eat junk food, never added salt to my food and was a non-smoker. I thought I was doing all the right things to ensure my health and longevity. So, it was hard for me to believe I had high blood pressure. But like my mother who had struggled with it since her thirties, and her mother who had died from it in her 40's, I had inherited the family tendency toward this disease, a major killer of Black Americans.

I found out about my high blood pressure through a routine physical exam. The nurse said my blood pressure was 170/100, well above the normal rate of 120/70. I tried to ignore it, but when I checked a few weeks later my blood pressure reading was still way above normal.

At this point, my doctor monitored me for one month. The readings were always above 150/90. He gave me a prescription for Dyazide, a medication to control my hypertension.

Determined not to be sentenced to taking medications all my life, I decided to adopt a more healthy life style.

Source: The Pamela story is adapted from essays in Evelyn C. White (ed.) The Black Women's Health Book, pp 151-155.

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Latisha's Story: A Good Doctor is Hard to Find

I get $370 a month from Public Aid, food stamps and the medical green card that is supposed to get free health care for me and my baby, but it doesn't get very good care. If I go to the store front doctor, I usually come out with a bag of pills. After taking them I feel worse than before.

When I go to the public clinic or Cook County Hospital, I have to wait all morning before a doctor sees me, even when I get there early. They don't have time to tell me much. When I go back I never see the same doctor again. The clerks are often nasty and they are always asking me to fill our forms I don't understand.

My older sister Emani also has a baby. But she works for the City which gives her health insurance, so she can go to see a good doctor. When I tried to make an appointment with Emani's doctor, they told me they no longer take patients with the green card. Often I have too much to do, like going to school or looking for a job, so I end up using the emergency room at the local hospital. They also give me pills but they say I should go to my regular doctor or visit the clinic in the morning.

Source: The Latisha Story is a composite of many relating a young mother's experience on Medicaid, especially in Illinois.

BEST COPY AVAILABLE

Mikeil's Story: Welfare and Me Are Not Good Friends

I was a freshman in high school and on the drill team when I first became sexual. I guess it was peer pressure - to satisfy the guy and because all the girls were talking about doing it. I guess no one really thought of using contraceptives. The only thing I knew about were condoms and he didn't use any.

I found out I was pregnant last October. I was on the drill team, danced and went to parties. I thought, I didn't want to have a baby. I was too young, and I was scared, depressed and confused. When I conceived, my mom was in drug rehabilitation for cocaine addiction. But she got out and helped me as best she could. She got pregnant three times and had three babies.

It's not just Mikeil anymore, I can't go anywhere. It's hard because I'm still young and haven't got my kikin" out. I still have a lot of fun I haven't finished. But I have to think of LeRoy. It's now Mikeil and LeRoy. I have to finish school for LeRoy, so I don't have to tell him we have to wait for the first of the month for the welfare check. I have to finish, so my son can have things.

Welfare and me are not friends. I just got on it this month. I struggled with that, but I had to get on it. But it won't be for long. I'll finish school and get a job. My baby makes me want to go to school. I could have dropped out and gotten my GED, but I don't want that. I want to show my son my high school diploma, so he can see that I finished. He's my motivation and inspiration each day he's here.

Source: The Mikeil Story is adapted from an essay in Evelyn C. White (ed.) The Black Women's Health Book, pp.112-119

BEST COPY AVAILABLE

INTRODUCTION
Lesson 2

KEY TERMS

1. Hypertension _____

_____

2. High Blood Pressure _____

_____

3. Stress _____

_____

4. Sodium _____

_____

5. Obesity _____

_____

6. Journal _____

_____

7. Medicaid _____

_____

8. Medical Insurance _____

_____

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UNIT 2

NUTRITION

UNIT 2: **Nutrition** is comprised of three lessons

Lesson 1: Eating in Health and Disease

Lesson 2: The Food Pyramid

Lesson 3: Food Ads, Labels, and Coupons

UNIT 1
INTRODUCTION
(Third Revision)

LESSON 1: EATING IN HEALTH AND DISEASE

Objective:

1. Students will discuss current eating habits and relate these habits to both health and disease.
2. Students will demonstrate knowledge of key terms.

Materials:

EATING FOR A DAY Sheet
WHAT DO YOU KNOW ABOUT FOOD, EATING AND HEALTH? Sheet
YOUR EATING BEHAVIOR RECORD Form
KEY TERMS Sheet
WHAT WE EAT? Sheet

Activities:

1. Review lesson 1 on Choices. Discuss journal entries based on the stories. Introduce today's lesson as based on choices about food.

2. Pre-test evaluation: Ask students to fill out **WHAT DO YOU KNOW ABOUT FOOD, EATING AND HEALTH** form. Assure students that they will not be "graded" on writing or spelling. Offer to help with any specific vocabulary or terms. Let students know this will be saved for later use.

3. Handout the **WHAT WE EAT** sheet for reference, put categories up on the board, complete the questions as a class activity. Ask a student to record answers on the board.

   What food would you eat if you were short on money?
   What food would you eat if money were no object?
   What food would you serve a guest?
   What food would you eat if you were feeling **sad** or **depressed**?
   What food would you eat if you feel the need for energy?
   What food would you **give up** if a doctor told you to eat for health?
   No matter how much I have eaten, I can always eat...
   What foods do you eat that identifies you as an African American?

4. Discuss the responses in terms of nutritional value, culture, economy, and health implications.

5. Stress that there are all kinds of good reasons for eating and that any food could be good as long as you eat in moderation, balance and variety (except for those with special health needs).

   Give examples of excess in eating of **foods mentioned by students** that **one should eat only in moderation.**

   Emphasize that this and subsequent lessons will be concerned with the eating and purchasing of food for health, energy and economy. Indicate that by following a few rules you can still enjoy the pleasures of food while increasing your energy for physical activities, maintaining your health and preventing illness and diseases.

6. If we are concerned with food for health we must understand how food contributes to our body's needs. We must understand nutrients and calories.

Just as a car needs energy to run in the form of gasoline so does our body. A food's energy is measured in CALORIES. An adult women needs about 2000 calories to get through a day's work, while men, most teenagers and very active women need about 2500 calories. Calories give us energy but too many calories in our diet can lead to obesity (define) which increase our risk for heart disease and diabetes.

CARBOHYDRATES are the most important source for our body's calories or energy. In common terms the two principal carbohydrates are sugars and starches. Sugar consists of our natural sweeteners, such as common table sugar, the sugars naturally found in fruits (fructose) and corn syrup. Artificial sweeteners, such as Nutra-sweet have no food value. Starches, technically called complex carbohydrates, are found in bread, cereal, potatoes and other grain products.

Sugar and other sweeteners provide a lot of pleasure and satisfaction. Without sweeteners our coffee and chocolate would taste bitter and our soda flat. Sweeteners are also a quick way of getting energy into our body. We have all eaten a candy bar to get a quick energy fix. We will see later that consuming sugar, particularly before the start of strenuous exercise, is not always an effective way to energize our body. Relying on sugars for energy may not only be inefficient, it also increases our risk for becoming overweight, tooth decay and possibly diseases like diabetes. Because they are converted into energy more slowly, starches are a more efficient source for our body's energy. About two-thirds of our diet should come from starches or complex carbohydrates, especially whole-grains, vegetables and fruits.

DIETARY FIBER is the undigested part of carbohydrates, but it performs an important body function. By absorbing water it helps control stool regulation. Dietary fiber reduces the risk for developing colon cancer. Dietary fiber also helps reduce the level of blood cholesterol, which we will talk about in a minute. Whole grains, fruits and vegetables are the leading source of dietary fiber for the body. Food products made from bleached flour, such as your white bread, are less healthy because they take out the dietary fiber.

FATS are an important source of energy and needed for proper nutrition. We need some fat in our diet to be healthy. But overindulgence of fat can increase one's risk for heart disease and cancer. Americans eat to much fat, particularly the bad kind that contributes to disease. Health professionals are most concerned with animal fats, which are high in SATURATED FATS and CHOLESTEROL, a waxy substance found only in animal products. Eggs, organ meat, dairy products and shelled fish are high in cholesterol. Cholesterol is found both in food and our blood. Our body manufacturers and needs cholesterol, which performs a number of functions. However, high levels of blood cholesterol can also increase the risk of heart disease by clogging arteries. High levels of saturated fat and cholesterol in our food can raise the level of cholesterol in our blood, thus increasing our risk for disease. More information on fats and cholesterol will be given later.

PROTEINS: Our body is made up of cells that are always dying. We need protein to manufacture new cells. Meat, fish, dairy products and poultry are good sources of protein- but so are beans, peas and nuts. We need a variety of foods in our diet for our body to manufacture the right types of protein. Unfortunately, many Americans get most of their protein from eating meat products that are high in fat and cholesterol. A chicken breast, a glass of skim milk and two slices of whole-wheat bread can supply our daily need for protein.

VITAMINS and MINERALS: We need relatively small amounts of these nutrients to keep our body healthy. In right amounts these can reduce of our chances for getting heart disease and cancer. Vitamins and minerals will be discussed in detail later. However, we will mention one mineral which many Americans consume in amounts that can damage health.

SODIUM: Our body needs sodium to do its work, but in excessive amounts is thought to increase the risk of high blood pressure, a serious health problem for African Americans. The equivalent of a teaspoon of table salt can supply the body's need for sodium. Many prepared foods, such as ham, canned soups and snack food are high in sodium. If you put table salt directly on your food, or eat lots of salted snacks you have probably developed a salt habit that you need to unlearn.

7. KEY TERMS sheet is included and can be used in a variety of ways beyond simple definitions. Students could indicate the diseases with which they are familiar or which pertain to them or a family member or friend. Students could discuss and choose terms from the lettered list which are specifically related to the numbered list of diseases.

8. Assignment: Ask students to record the foods they eat over a three day period on the **YOUR EATING BEHAVIOR RECORD.**

TEACHER NOTES for

Lesson 1 Activities

WHAT DO YOU KNOW ABOUT FOOD, EATING AND HEALTH?

This form will be used as a pre-test for the Nutrition Unit. The instructor should go over the form reading the directions for the class. Be sure that participants understand the task and can recognize the key terms. This is a knowledge pre-test and it is important to get the information from all participants.

Although this is primarily a knowledge pre-test, it is important for teachers to consider the participants' literacy skills as they complete the task. Offer to help with any vocabulary or spelling. Be sure to move around the room interacting and assisting students as necessary. This is a good opportunity to continue to assess the writing skills of the students. If the instructor suspects that a student is unable to complete the task due to reading or writing skill levels, she should try to engage the student in conversation to obtain the information verbally. The teacher can put the information down on the form for future reference. The completed form should be shared with the student for verification. This could also be a reading opportunity if the teacher works with the student to read what has been written.

UNDERSTANDING OUR EATING HABITS

This activity can be done individually, in pairs as students interview one another, or as a whole class activity. Depending on the format used the activity can be used to develop reading, writing, or speaking basic skills. If learners resist answering the first three questions because they do not consider themselves responsible for budgeting or cooking, encourage discussion with "what if..." questions; what if you were asked to go to the store..what are typical meals in your family when money is short...etc.

Example:

Do you sometimes have meals with ham hocks or neck bones but no real meat?
Are there other times when you have plenty of meat?

This activity can develop the learner's ability to classify information and to compare categories. Throughout the discussion the teacher can encourage students to explain and justify answers by providing details or evidence.

YOUR EATING BEHAVIOR RECORD

This is a home assignment. Participants are asked to record all foods eaten for a three day period. The information will be used during the next lessons to develop an awareness of current eating patterns. Teachers should be sure that students include at least one weekend day, and that students understand all parts of the form. Use a board or flip chart to review the vocabulary for each column heading and provide an example to be sure that all students understand the task emphasizing that it is important to record all foods eaten during this period.

Teachers can use this activity to introduce the concept of using literacy to take control. Writing is a tool which can be used to help students examine their life in a way not otherwise possible. In this example, it is the writing and record keeping that will provide the information necessary to accurately examine current eating behaviors and allow students to make more informed decisions about any changes. This concept, using literacy to take control, should be specifically discussed with the class referring back to Unit 1 and the benefits of journal writing.

BASIC SKILLS FOCUS

Classification of foods
Ask and answer verbal questions
Identify supporting details or justify answers
Compare and contrast food types
Write legibly in manuscript or cursive
Spell basic food vocabulary

KEY TERMS

Key terms include health vocabulary specifically related to this lesson or used in the introductory stories in Unit 1. This activity sheet could be used in several ways. Students could indicate the diseases with which they are familiar or which pertain to them or a family member. Students might choose one or more terms to look up in a dictionary (not a source of extensive information but certainly a place to start). In small groups or as a class activity, students could identify the lettered terms at the bottom of the page with a specific numbered disease at the top of the page explaining their reasoning. These terms will come up again throughout the Nutrition Unit and students will need to recognize them in various contexts.

BASIC SKILLS FOCUS

Recognition of health vocabulary
Alphabetize
Use table of contents or index
Recognize cause and effect
Provide Supporting Details
Locate information - dictionary or reference book

UNIT 2

NUTRITION

LESSON 2: GUIDELINES AND TOOLS FOR MEAL PLANNING AND EATING WELL

Note: Prior to this lesson, students should have recorded foods eaten over a three day period, **YOUR EATING BEHAVIOR RECORD** form.

Objectives:

1. Students will learn to use tools for planning meals and making healthy food choices.
2. Students will evaluate eating behaviors and identify desired changes.
3. Students will use brochures from McDonald's to apply guidelines and tools for selecting a healthy diet.
4. Students will use the **FOOD PYRAMID GUIDE** and the **MAKING DAILY FOOD CHOICES FOR HEALTH AND LONG LIFE.**
5. Students will develop an exercise plan and demonstrate ability to check own pulse before and after aerobic exercise.
6. Students will recognize **KEY TERMS** vocabulary and categorize terms as related to diet.

Materials:
FOOD PYRAMID POSTER
CALIPER TO MEASURE BODY FAT
YOUR EATING BEHAVIOR RECORD form completed for this week
WHAT KIND OF EATER ARE YOU?
1992 Calorie, Fat, Cholesterol, and Sodium Content of McDonald's Menu Items and DIET CHOICES AT McDONALD'S Activity Sheet
McDonald's Nutrition and You and the FAST FOODS AND NUTRITIONAL CHOICES Activity Sheet
WHAT KIND OF DIET DO YOU HAVE?
WEEKLY EXERCISE SHEET
KEY TERMS SHEET
FOOD GUIDE PYRAMID
MAKING DAILY CHOICES FOR HEALTH AND LONG LIFE
EATING HEALTHY WITH THE FOOD PYRAMID
FOOD GROUPS CHART

Activities:

Briefly state seven statements in Recommended Dietary Guidelines Table. Use explanation and expansion of Guideline statements below.

1. Moderation means to avoid a diet with excess amounts of food high in fats, salts and sugar in your diet. The opposite of moderation is overindulgence. Examples of excess or overindulgence are:

   a. Eating red meat for dinner seven days a week (too much cholesterol)

   b. Eating a half-pound cheeseburger for dinner (too much fat; If you have a balanced diet you are taking in protein from other sources. With a balanced diet, 4 oz. or less of red meat may be all you need to meet your daily need for protein).

   c. Eating eggs and sausage or bacon for breakfast every day (excessive cholesterol and sodium)

   d. Eating fried foods several days a week (high fat content)

   e. Snacking exclusively on chips and candy (high in salt and sugar)

   f. Eating donuts everyday (donuts are fried and so high in fat, as well as sugar)

2. Balance means trading off one food against another, particularly if you eat a food high in fat, sodium, salt or sugar.

   a. If you have an egg omelet for breakfast, eat a hot or cold cereal for breakfast the next couple of days.

   b. If you eat short ribs for dinner on Sunday, eat chicken, fish (not fried) or pasta for the next two to three days.

   c. If you eat fried food one day, avoid it for the next few days. Try baked potatoes instead of fries.

   Balance also means eating adequate amounts of nutrients on a regular basis. Crash dieting or skipping an adequate breakfast can be damaging.

3. Variety means eating several different types of food to get the approximately 40 nutrients you need every day to stay healthy. This means selecting food from each of the major food groups. Handout the **Food Groups** chart. Briefly discuss and indicate that strategies and assistance for preparing a proper diet will be provided shortly. Ask students to give examples of each type they eat regularly.

THE MAJOR FOOD GROUPS
(Listed in order of importance):

1. Breads, cereal, rice and pasta (especially whole grains)

2. Vegetables (especially the green and leafy type)

3. Fruits

4. Milk, yogurt and cheese

5. Meat, poultry, fish, dry beans, nuts and eggs

1. Review **YOUR EATING BEHAVIOR RECORD** form. Ask students to use this information to complete the **WHAT KIND OF EATER ARE YOU?** questionnaire.

2. Introduce the food pyramid poster. Discuss the different groupings, with examples of each and the pyramid's quantitative aspects. Introduce the concept of a serving from a nutritional perspective (refer to amounts, not just number of times a day).
Example: One serving of grain may mean one potato or one muffin or one bowl of cereal.

3. Relate sugar and starch to body fat and energy and distinguish between them in terms of how the body uses them. Discuss exercise in relation to body fat and energy. If possible, measure the body fat of students.

4. Relate food fats to body fat and to energy and long term health. Distinguish between different types of food fats. Give examples of different fat content from a variety of prepared commercial products and fast food items.

5. Use nutrition sheets from fast food restaurants, **DIET CHOICES AT McDONALD'S** and/or **FAST FOODS AND NUTRITIONAL CHOICES** to calculate nutritional content of typical meals.

DIET CHOICES AT McDONALD'S

Use the *1992 Calorie, Fat, Cholesterol, and Sodium Content of McDonald's Menu Items* and the Activity Sheet. These pamphlets are free from McDonald's.

FAST FOODS AND NUTRITIONAL CHOICES

Use *McDonald's Nutrition and You* along with the Activity Sheet to choose a breakfast, lunch, and dinner menu and calculate the nutritional contents. This brochure is free from McDonald's.

These activities could be completed individually, however, working in pairs or small groups would be better. This would encourage the development of effective oral communication skills as each participant makes decisions and offers explanations or justifications.

NOTE: Similar brochures are available from many of the fast food chains

6. Discuss sample daily diet (menu) in relation to the food pyramid. The pyramid helps us to select what to eat as well as how much to eat.

   In small groups, partners, or as a class, evaluate the foods recorded in the student's **YOUR EATING BEHAVIOR RECORD** sheet (Students record foods eaten over a three day period) in relation to the pyramid. Students can use the **WHAT KIND OF DIET DO YOU HAVE?** form to further evaluate their eating habits.

7. Nutritional factors outside the pyramid.

   a. nutrients in balance and in excess. Importance of vitamins and minerals.
   b. overcooking and vitamin loss
   c. when to use a vitamin/mineral supplement
   d. need for sodium and problems arising from excess use
   e. sodium in excess: health consequences
   f. sodium in excess: use of excess salt as a learned behavior
   g. examples of commercial foods and fast food items with high sodium content
   h. avoiding sodium excess: Unlearning the salt habit.
   i. importance of other minerals (iron, potassium, etc.)
   j. importance of fluid intake

8. Exercise in relation to diet and health. Emphasize relationship to calorie burning and weight. List practical aerobic routines such as stair-climbing or fast walking. Discuss pulse rate for aerobic exercises and demonstrate checking pulse rate. Demonstrate stair-climbing or fast walking. Use **WEEKLY EXERCISE** sheet to encourage exercise routine.

9. **KEY TERMS**: Moderation, balance, variety, junk food, junk diet, obesity, overweight, hypertension, high blood pressure, heart disease, cancer, anemia, sickle cell anemia, malnutrition, nutrition, vitamins, minerals, dietary fat, saturated fat, unsaturated fat, cholesterol, sodium, sodium habit, sugar, complex carbohydrates, protein, calcium, calories, exercise. The **KEY TERMS** sheet can be used in a variety of ways: definitions, crossword puzzles, writing exercises, etc. These words could also be categorized as students group; which terms refer to diet issues and which to disease.

10. Post-test Evaluation: Ask students to do a corrected menu after evaluating what they ate over the three day period and recorded on the **YOUR EATING BEHAVIOR RECORD** form. Students can use the **FOOD GUIDE PYRAMID** and the **MAKING DAILY FOOD CHOICES FOR HEALTH AND LONG LIFE** to make up a one day menu on the **EATING HEALTHY WITH THE FOOD PYRAMID** form.

TEACHER NOTES
for
Lesson 2 Activities

WHAT KIND OF EATER ARE YOU ?

This form provides an opportunity for students to analyze their three day eating record. Students should be encouraged to use their **EATING BEHAVIOR RECORD** to explain and justify their answers. Participants should only circle the items that describe their eating habits. If they circle several items in one category, that is probably a pattern for them. Participants should not necessarily expect to circle items in every category. Ask participants to only circle what is true for them.

In discussing this activity, teachers can ask questions which will encourage students to think through and justify their responses.

- When you compare your snacks over the three days, do you see a pattern?
- What from your **EATING BEHAVIOR RECORD** shows that?
- When you compare your meals over the three days, is there a pattern?

BASIC SKILLS FOCUS

Scan for Information
Compare and Contrast Information
Distinguish Fact from Opinion
Draw Conclusions
Make Judgments
Evaluate Information

DIET CHOICES AT McDONALD'S:

FAST FOODS AND NUTRITIONAL CHOICES

Both of these Activities use free published brochures from McDonald's. Similar brochures are available from most fast food chains.

These activities use multi-column formats which are very common and are often used to display a lot information in a clear concise manner. It is important for teachers to take the time to explain these multiple-column charts and to discuss other typical uses of this format (bus schedules, TV guide, parts lists, etc.). Demonstrate by choosing sample items from the brochures (# of calories in a Big Mac) and ask students to find the correct information.

After completing this activity, the class should discuss the responses with the teacher encouraging students to justify or explain their answers. For example:

- Why would that burger be better if you have high blood pressure?
- Why did you choose that for lunch?
- Are all three meals balanced?

Ask students to look for other published materials related to nutrition available in the community. Suggest checking the grocery store, clinics, other fast food restaurants, pharmacies, social service agencies, and so on. Have students bring samples to class.

BASIC SKILLS FOCUS

Reading multiple-column chart
Compare and Contrast Information
Make Judgments
Basic computations (addition, subtraction)

WHAT KIND OF DIET DO YOU HAVE?

This form provides an opportunity for students to evaluate their eating patterns in light of the food pyramid. Again, students are encouraged to support their answers by specifically referring to the **YOUR EATING BEHAVIOR RECORD** Form.

BASIC SKILLS FOCUS

Scan information
Make Judgments
Provide Supporting Details
Draw Conclusions

WEEKLY EXERCISE

This activity presents an opportunity to review telling time, basic addition, subtraction and multiplication. Demonstrate how to take your pulse and have students practice both at rest and after some exertion. Calculate the time using both a standard and digital watch. Explain the 10 second procedure which counts for 10 seconds and multiplies by 6 to get the full minute reading. Be sure to thoroughly review the basic math concepts. As always, review all aspects of the form checking that students understand vocabulary and format. Again emphasize the benefits and uses of writing as a means of addressing and taking control of a situation.

BASIC SKILLS FOCUS

Organizing Information
Evaluation
Telling Time
Basic Calculations (multiplication, addition, subtraction)

KEY TERMS

BASIC SKILLS FOCUS

Vocabulary Recognition
Classify Information

EATING HEALTHY WITH THE FOOD PYRAMID

This exercise is designed as a post test to compare students' suggested menus before and after instruction. This is not a test of recall and students should be encouraged to use the resources from class instruction to develop this menu plan.

This post-test should be filed for comparison with the similar pre-test.

BASIC SKILLS FOCUS

Scan for Information
Compare and Contrast Information
Make Judgments
Organize Information

NUTRITION IN HEALTH AND DISEASE

Objectives:

1. To Understand the role of food nutrients in maintaining health and causing disease.

2. Students will be able to identify important nutrients, their source and association with health and disease.

Materials:

Charts on sources of food nutrients

While we may eat for many reasons, including pleasure, habit and to satisfy emotional needs, we all have to eat to keep our body functioning. Food provides nourishment to supply energy, repair the materials which make up our body, and to maintain vital chemical reactions. While human beings are more than machines, parts are always breaking down and need repair and need energy to run. It is also a chemical machine with body substances being created all the time. To keep the human machine going we need certain *nutrients*, almost all of which comes from food. [Nutrient: any substance used in the chemical processes that go on in the body's tissues. That is, any substance used in the metabolic processes of the body.] Over 50 nutrients have been identified as used by the body to maintain itself, almost all of which comes from food.

What are the important nutrients that our bodies need?

Carbohydrates

They get their name because they are made up of the elements carbon and water--often called the building blocks of life. The body uses carbohydrates to make glucose or blood sugar, which is the major energy source for your body. Diabetes is a disorder that arises when your body cannot regulate the amount of blood sugar or glucose.

There are different types of carbohydrates. In common terms these are:

Sugars: These include your sweeteners such as table sugar, corn syrup and fructose, found in fruit and honey, and lactose, found in milk. Many African Americans cannot digest lactose. If drinking a glass of milk causes large amounts of gas, a bloating feeling or diarrhea, you may have a problem digesting lactose. However, cheese and yogurt often can be eaten without these problems.

Many evils have been attributed to sugar. However, from the point of view of nutrition, sweets become a substitute for other important foods in the diet. **If not used up in rigorous physical activity the body converts excess blood glucose into body fat.** Obesity leads to other health problems. Sugar is also the leading cause of dental cavities, particularly in

children. Excess intake of dietary sugar may increase one's risk for diabetes, though this is inconclusive.

Starches: Found in grain products, such as bread and macaroni and in vegetables, especially potatoes, beans and peas. While both sugar and starches can both contribute to the body's glucose or energy fuel, it will be seen that starches are both more healthy and efficient way of doing this.

Dietary Fiber: Technically, it is not a nutrient, because the body does not absorb it, but passes it through. However, the body needs fiber to add bulk or roughage to food residues that are passed through the body. It does this by absorbing water, making it easier to pass through stool. Lack of fiber in the diet can lead to intestinal problems such as constipation and increase the risk of diseases, such as colon cancer. Some fibers, such as oat bran can reduce the amount of cholesterol in your blood. Most Americans should increase the fiber in their diet. However, excess amounts can create mineral imbalances and lead to intestinal stress. Good sources of fiber are whole-grain cereals and breads, fruits, nuts, green vegetables and beans.

Proteins

These are complex compounds often containing nitrogen, as well as carbon, oxygen and hydrogen. Protein comes from a Greek word meaning "of prime importance". The essential building blocks of protein are called amino acids, which the body uses to manufacture tissue for organs, maintain fluid and chemical balances and to create hormones and enzymes, which regulate important body functions. The body needs a variety of amino acids to do its work, which must come from eating a variety of foods.

The American diet is rich in protein but much of it comes from red meat. Such a diet is also high in fats, which can have health consequences. To make sure that your body gets all the essential amino acids that the body needs you should eat a variety of foods including poultry, fish, (low fat) dairy products and vegetables, especially beans.

Most Americans also eat more protein than the body needs. Protein which is not used for essential functions or converted to energy will become body fat. Again, the American diet protein is often accompanied by saturated animal fat, which can increase your risk for disease. Your protein needs depend on your weight and what your body is doing. A 120 pound women needs about 2 ounces of protein every day while a 175 pound man needs about 2¼ ounces of protein. **Children, teenagers, pregnant and nursing mothers need about 20% to 30% more.** One 6-7 ounce roasted chicken breast without skin supplies over two ounces of protein. This is more than enough if the overall diet includes whole-grains and dairy products.

Fats and Oils

Fats: A source of energy and needed for proper nutrition. But overindulgence of fat can increase one's risk for heart disease and even cancer. Distinguish between:

1. Unsaturated fats: they are liquid at room temperature. Most vegetable oils are made up of unsaturated fats.

2. Saturated fats: generally solid at room temperature. Animal products, such as cheese, butter and meat are rich in saturated fats. But they are also contained in nuts and some bean products. Palm oil used in many packaged and fast foods are very high in saturated fats.

3. Cholesterol: we have already indicated that this waxy substance is found only in animal products and that high blood cholesterol can also increase the risk of heart disease by clogging arteries.

Scientists now distinguish between "good" blood cholesterol and "bad" cholesterol. Bad cholesterol is what stick to artery walls. Good cholesterol prevents the bad cholesterol from sticking to artery walls and by acting as a scavenger against the bad cholesterol. You want to increase the ratio of good to bad cholesterol. Both saturated fats and cholesterol in food can increase the level of bad blood cholesterol, thereby increasing your risk of heart disease. Exercise can increase the ratio of good to bad cholesterol, thereby decreasing the risk of heart disease and decreasing the risk of bad blood cholesterol.

Vitamins

Small amounts of these essential carbon chemicals are needed to regulate and maintain essential body functions. For example, vitamin A is needed for proper vision; vitamin D is needed for proper absorption of calcium, which is needed for bone structure; the B vitamins help the body to effectively use nutrients, repair damaged tissue and maintain the nervous system; vitamin C helps build connective tissue; and vitamin E prevents tissue damage.

New discoveries with regard to vitamins show they may reduce the risk of cancer and heart disease (vitamin E) and low birth weight (folate; vitamin B12 works with folate to achieve many of its benefits). However, some health claims regarding vitamins are still controversial among scientists. Nevertheless, an increasing body of evidence is being built to support the health claims for certain vitamins, particularly vitamin E.

How much vitamin do you need? A balanced diet may provide all the vitamins needed. But many children and adults may *not* have a balanced diet, particularly on a daily basis or they may have special needs created by illness, alcoholism, drug and tobacco use, stress and pregnancy. These conditions may create vitamin deficiencies that can be helped by a supplement. However, overdosing yourself can be dangerous as well as expensive. Some vitamins in high doses, such as A, D and some of the B complexes can have toxic effects. High doses of any vitamin should be taken under the advice of a health professional.

VITAMINS: NEEDS, FUNCTIONS, OUTCOMES

Vitamin	Deficiency Symptoms	Risk Conditions	Food Sources	RDA for Adults	Toxicity From Excess Intake
Vitamin A and Beta-carotene	Night blindness and eye problems, poor growth, skin dryness	Children and others in poverty	Liver, fortified milk, carrots, green leafy vegetables, sweet potatoes	4000 -5000 IU*	Birth defects, hair loss, skin changes, bone pain
Vitamin C	Scurvy (anemia, spongy bleeding gums), poor wound healing, hemorrhages, fluid retention	Alcoholism, elderly shut-ins	Citrus fruit, green leafy vegetables	60 milligrams	Diarrhea
Vitamin D	Rickets (abnormal bone formation, enlarged liver and spleen), other bone problems	Breast fed infants, elderly shut-ins	Fortified milk, tuna fish and salmon	200 - 400 IU	Poor growth in children, kidney damage, kidney stones

Vitamin	Deficiency Symptoms	Risk Conditions	Food Sources	RDA for Adults	Toxicity From Excess Intake
Vitamin E	Nerve damage, blood disorders	People with poor fat absorption (rare)	Vegetable oils, some greens and fruits, whole-grain breads	8-10 milligrams	Relatively nontoxic but very high doses may cause blood disorders
Vitamin K	Hemorrhaging	People on antibiotics over several months	Green leafy vegetables, liver	60-80 micrograms	Anemia and jaundice
THE B VITAMINS					
Vitamin B_1 (thiamin)	Beriberi (appetite and weight loss, nerve changes, heart failure, fluid retention)	Alcoholism, poverty	Pork, whole-grains, dried beans, peas.	1.1-1.5 milligrams	None reported

Vitamin	Deficiency Symptoms	Risk Conditions	Food Sources	RDA for Adults	Toxicity From Excess Intake
Vitamin B_2 (riboflavin)	Inflamed mouth and tongue, cracks at corner of mouth, eye problems	People on certain medication who do not take dairy products	Milk, spinach, liver, whole-grains	1.3-1.5 milligrams	None reported
Niacin	Pellagra (skin and gastrointestinal disorders, emotional and mental problems)	Extreme poverty	liver, meats, whole-grains, dried beans	15-19 milligrams	Flushing and burning of skin at greater than 100 milligrams
Vitamin B_6 (pyridoxine)	Nervousness, convulsions, headaches, flaky, skin	teenage, adult women, alcoholism, people on certain medications	meats, vegetables, whole-grain	1.6-2.0 milligrams	None reported
Pantothenic acid	Fatigue, poor sleep, poor coordination, nausea	Alcoholism	In most foods, especially, liver, eggs, mushrooms, greens	4-7 milligrams	None reported

Vitamin	Deficiency Symptoms	Risk Conditions	Food Sources	RDA for Adults	Toxicity From Excess Intake
Biotin	Fatigue, nausea, skin problems, depression	Alcoholism	Vegetables, dried beans, meats	30-100 micrograms	None reported
Folate (folic acid, folate)	Anemia, diarrhea, inflamed tongue, birth defects	Alcoholism, pregnancy, use of certain medications	Green leafy vegetable, liver, whole-grains	200 micrograms; up to 400 if pregnant	None reported
Vitamin B_{12}	Anemia, nerve disorders	Old age, vegetarians	Meats, eggs, dairy products (absent in plant food)	2 micrograms	None reported

* First figure is for women and the second figure for men.

Minerals

Over thirty minerals are known to be important for maintaining the health and proper functioning of the body. Below is a brief description of the more significant ones.

Calcium: Necessary for proper bone and tooth strength formation. Dairy products are your best source for calcium, followed by dark green vegetables and legumes. Low fat products, such as skim milk and yogurt are excellent sources of calcium. Children, adolescents and young adults need higher calcium intake than adults. However, most adults fail to consume the RDA of 800 to 1200 milligrams of calcium. They put themselves at risk for osteoporosis as they grow older-- a disease characterized by bone loss and weakness.

Decreases in the production of the female hormone, estrogen, increases the risk of osteoporoses. This occurs as women get older, particularly after menopause. Among older women, osteoporosis has reached epidemic proportions, with high incidence of bone fractures and debilitation. Extra calcium intake through supplements for women at risk for osteoporosis is now recommended by many experts. Note that excessive amounts of meat, salt coffee and alcohol decrease calcium absorption while adequate intake of vitamin D facilitates the ability of the body to use calcium.

Potassium: This is necessary for maintaining chemical and fluid balances in the body and for proper nerve transmission. Bananas, potatoes, green leafy vegetables, lima beans, milk and meat are good sources of potassium. The RDA is about 2000 milligrams. High intakes can be toxic for those with kidney problems.

Sodium: The body needs about 1000 to 3000 milligrams a day to maintain proper fluid and chemical balances and to facilitate nerve transmissions. Note that both potassium and sodium are needed for these functions. Unfortunately, the American diet is high in sodium, with many individuals consuming more than 6000 milligrams a day. High intake of sodium increases the risk for high blood pressure (hypertension).

Magnesium: Necessary for proper enzyme activity and protein synthesis. About 280-350 milligrams are needed daily. Whole-grains and green leafy vegetables are your best source.

Iron: Necessary for preventing iron-deficiency anemia, for maintaining energy and for maintaining resistance to infection. However, men need about 10 milligrams and women 15 milligrams. Found widely in food, especially lean meats, legumes, green leafy vegetables and whole-grains. High doses can be toxic to the liver. Iron supplements are not a treatment for sickle-cell anemia, which is a genetic disease causing a deformation in the shape of the red blood cell.

SUGGESTIONS FOR PURCHASING AND TAKING VITAMIN AND MINERAL SUPPLEMENTS

1. Your best source for vitamins is a healthy diet. Vitamin supplements are not a substitute or proper nutrition.

2. Brand name vitamin supplements and those sold by health food stores can be very expensive. Try house brands sold by Osco, Walgreens, K-Mart and other discount stores. They are often on sale.

3. Do not pay extra for "natural vitamins". Your body cannot tell the difference between natural and synthetic vitamins.

4. Your best buy is a multiple vitamin with minerals. Individual vitamin supplements (A's, B-complex, C, etc.) quickly add up in costs.

5. Since some vitamins can have toxic effects and the body has limits on the amount of vitamins it can use, more is not necessarily better.

6. Limit intake of vitamins with possible toxic effects. Take no more than 200% of the RDA for vitamin A and no more than 100% of vitamin D and K. Limit intake of vitamin C to less than 1000 milligrams--less if you experience stomach distress. Limit intake of niacin to 100 milligrams. Higher amounts should be taken only under care of a health professional.

7. Women need more iron than men. But some individuals are prone to iron toxicity. Most multiple vitamin supplements provide about 100% of the RDA. Avoid mega amounts of iron supplements unless you are instructed to take such doses by a health professional.

8. Make sure the expiration date on the vitamin supplement you purchase is more than one year away.

9. Store vitamins in a cool, dry place. Your refrigerator may be too damp.

EATING AND OPTIMAL ENERGY

Objective:

Students will be able to understand the relationship between the foods we eat and how the body creates energy.

Our body's energy comes from calories. But eating the wrong calories can actually decrease our energy. Too many calories in our diet can lead to obesity which increases our risk for heart disease and diabetes.

THE BODY'S ENERGY CYCLE

The potential or reserve we have for doing work, exercising and just having fun depends on the amount of a substance called glycogen, which is stored in our liver and in muscles. Glycogen is not present in food in any large amounts. But when the body makes glucose derived from food, it is trapped and stored as glycogen. When the body needs fuel to support exercise or other activities, the glycogen is turned back into glucose which supplies energy. Glycogen is blood glucose in reserve. When the liver and muscles reach their limits for storage of glycogen, excess calories are converted into body fat.

Carbohydrates are your best source for energy. But not all carbohydrates are created equal.

The Sugar High: Eating food rich in sugar can increase your glucose or blood sugar rapidly. But your body reacts by secreting insulin, which rapidly decreases blood sugar. The blood sugar level may decrease below the level when you just ate that candy bar, making you feel tired and fatigued. That is why athletes and others engaged in exercise, sports or physical work should avoid "sugar fixes" before the start of strenuous physical activity.

Special sports drinks, such as Gatorade, are taken by athletes *after* the start of physical activities to replenish lost body fluids and glucose. However, they sometimes have side effects that decrease athletic performance, such as causing stomach distress and inhibiting water absorption by the body.

The Fat High: Foods rich in fats are an excellent source for energy. In some ways they are too rich. Fats have more calories than a similar amount of carbohydrates, such as pasta. Fats will provide more energy in the form of glycogen than it can store. The excess calories that cannot be stored as glycogen will be converted to body fat. In addition too many foods rich in fats also increase our blood cholesterol and so increase our risk for disease.

Complex Carbohydrates (Starch): These are your best source for maintaining the body's energy. The body takes longer to break down these nutrients. Thus they can provide a sustainable source of energy over a period of vigorous exercise. Also, they are less likely to provide excess calories that will become body fat. Finally, they are naturally low in saturated

fats, which can lead to cholesterol. This assumes you do not add fat and oils to them, as in frying.

NUTRITION AND CANCER

Over the past few years promising evidence has come from many studies that ingredients found in food can inhibit the development of cancer and other diseases. That is, that certain nutrients can act as anti-cancer agents and reduce the risk of the onset of cancer. However, these results are also controversial, often limited in scope and use laboratory animals rather than human subjects. Nevertheless, many cancer experts are impressed with the increasing accumulation of evidence that what you eat can either decrease or increase your risk for developing cancer (Note that once a cancer develops, nutrition alone cannot cure the cancer).

How do the nutrients in some foods reduce the risk for developing cancer?

- Environmental factors, including what we eat, create highly charged atoms called free radicals that can damage DNA, which contains genetic code about our physical make-up. DNA damage increases the risk of developing cancer. Free radicals are always present in our body but can be increased by radiation, alcohol, tobacco smoke, air pollution and even eating barbecued food. Certain nutrients can stabilize and soak up free radicals (technically, they act as antioxidants). Beta-carotene, which the body uses to make vitamin A, and vitamins C and E can counteract free radicals. Note that beta-carotene and not vitamin A counteracts free radicals.

- Certain vegetables induce production of certain enzymes in the body that counteract carcinogens, These vegetables include cabbage, broccoli, brussels sprouts, and cauliflower. This family of vegetables are called cruciferous vegetables. The American Cancer Society recommends that everyone increase their intake of the cruciferous vegetables we just mentioned.

- Dietary fiber dilutes carcinogens in the digestive tract and facilitates their removal from the body. This also removes harmful bacteria and encourages the growth of good bacteria. Whole-grains and many fruits and vegetables increase dietary fiber.

- Soybeans, and to a lessor extent cabbage type vegetables, create a substance that blocks the development of blood vessels that supply cancer cells.

- Garlic and onions stimulate the production of a detoxification enzyme that *may* protect against carcinogens.

The intake of certain nutrients and food additives can increase your risk for cancer. These include red meat, fats, processed meats, smoked and pickled foods, high intake of alcohol, food contaminated with pollutants, such as mercury, and some pesticides and herbicides.

Note that many of the same nutrients also can reduce the risk of heart disease by raising good cholesterol relative to bad cholesterol and by moderating blood pressure.

NUTRITIONAL RULES FOR REDUCING THE RISK OF CANCER

1. Decrease your intake of meat and saturated fats.
2. Decrease your intake of smoked and pickled food and of processed meats.
3. If you drink, do so only in moderation.
4. Increase your intake of plant foods, especially whole-grains, legumes and cruciferous vegetables.
5. Increase your intake of foods rich in beta-carotene, vitamins C and E.
6. Eat foods high in dietary fiber from whole-grains, fruits and vegetables.
7. If you like the taste of onions and garlic, add more of these to the food you cook and eat.

OBESITY, HEALTH AND WEIGHT CONTROL

Objectives:

1. Students will understand the relationship between obesity, health and disease.

2. Students will learn if they have a weight/fat problem and their own risk for obesity-related disease.

3. Students will have a better understanding of the strategies they must adopt for maintaining a suitable weight level.

Materials:

Fat calipers and measurement tape, scale (optional)
Self-assessment form on weight and exercise
Height and weight table
Body Mass Index (BMI) and Health nomogram
Charts on obesity, diabetes and blood pressure among African Americans
List of low cost community exercise and diet programs

Activities:

1. Students to complete self-assessment form on weight and exercise.

2. Measure height and weight of students that may not know their own measurements.

3. Students will calculate their body-mass index and use it to evaluate their health risk.

Definition: Define obesity as a health problem characterized by an excess amount of body fat. A young man with more than 20% of body fat is considered obese, while for a young woman, the criteria for obesity is 30% body fat.

Body weight relative to some standard of desirable weight for your height is a standard way of measuring degree of obesity. Generally, if you are 20% over your desirable weight, you would be considered obese. A measure called the Body Mass Index, which is your weight divided by the square of you height in metric terms is a standard measure of obesity and health risks related to obesity. A Body Mass Index over 30 is an indication of obesity.

However, body weight doesn't measure the amount of fatty tissue on the body directly. A 275 pound tackle for the Chicago Bears may be above his desirable weight but his body mass will be made up of muscle rather than fat. He will have a much lower health risk than

a flabby 275 pound bus driver. However, the football tackle is also under some increased health risks because of his excessive weight.

The amount and distribution of your fatty tissue also is important in determining your health risks. In women fat tissue accumulates around the hips while in men it accumulates around the waist. Fat around the waist is a greater risk for heart disease than a similar amount of fat around the hips. Among African Americans, women are more likely to be overweight than men. But men are more likely to have high blood pressure. However, African American women have much higher incidence of diabetes.

Activities:

Distribute and go over weight-height tables and Body Mass Index and health risk nomogram. Show students how to calculate their BMI and health risk related to obesity using a straight edge. Take measurements of height and weight for students who do not know their height and weight.

The simple formula for maintaining a desired weight is to measure your daily intake of food calories and then measure the energy you spend to get through the day. Calories (or more technically, kilocalories) is a measure of the energy content of food. If you take in more calories than your body uses, you will gain weight. However, your *risk* for gaining weight is more complex than intake of calories versus calories used by the body. While the amount and type of food you eat are important influences on your body weight, other factors influence body weight and whether you will be overweight.

FACTORS INFLUENCING DIFFERENCES IN BODY WEIGHT

1. Genetics: The genes you inherit. About 70% of weight differences may be influenced by genetics.

   a. Were one or both parents overweight? Did you inherit the body type of your parents? Were they tall and thin; short and stocky; or in between?

   b. Your body uses energy. The basal metabolism rate is the minimum energy needed to maintain life. The higher your basal metabolism rate, the less the tendency to put on weight for a given caloric intake. While this is influenced by environmental factors, such as physical exertion and temperature, inheritance also influences your basal metabolism. If you were born to be tall and thin, you have a lot of surface area and use more energy than someone who is short. So called lean body mass, made up of muscle, bone, skin and the vital organs, also influences your basal metabolism. Men have higher lean body mass than women and so have a higher basal metabolism: that is, they burn more energy than women.

      You may have been born with a "thrifty" metabolism that conserves energy, so you require less energy to complete your daily tasks. This results in more storage of fat and a tendency toward obesity. In general, the lower your metabolic rate, the greater the chances you will have a tendency to be overweight.

Finally compared to men, women in the same age group have a greater tendency to be overweight. Since women are the child bearers, there may be an evolutionary advantage for women to accumulate fatty tissue. Women and men also differ in the distribution of fatty tissue. As indicated earlier, for men the accumulation favors the midriff, while for women it is around the hips and thighs.

2. Personal, cultural and environmental factors

a. Your eating habits, life style and self-perception also influence body weight and shape. If you have an unbalanced diet emphasizing fat, sugar and salt you will easily put on weight. Sugar and dietary fat are more readily converted into body fat than, say, complex carbohydrates, which require more energy and processing for the body to convert into blood sugar. Not all calories are created equal.

Your poor energy diet will make it difficult to engage in physical activity. Until you change your eating patterns you will keep putting on weight.

Eating habits are influenced by family, developmental and environmental factors. People who live together often share the same eating habits. The eating habits you developed as a child may remain with you as an adult. If you are often under stress, you may deal with it by binging on sweets and fats. Stress increases the body's need energy. Sweets are a quick way of supplying that needed for energy but it also may be followed by a sharp decrease in blood sugar. Eating sweets may release chemicals in the brain that have a mild tranquilizing effect, but this is not conclusive.

b. Body image: The predominant ideal body image in American society is on the slim side. Emphasis on being thin has created a multi-billion dollar diet industry. It also can lead to pathological eating behavior, particularly among young women. *Anorexia nervosa* is a food disorder characterized by low food intake to the point of starvation. *Bulimia* is characterized by binge eating followed by self-induced vomiting. Both disorders are influenced by a morbid concern with slimness, though other factors also influence these disorders. An increasing number of young males are also exhausting these eating disorders.

However, the ideal body image of "thin" may not be shared by everyone and may differ by income, culture and even racial group. If your ideal body image is a bit on the plump size, you would avoid a diet that kept you thin and emphasize one that maintained extra body weight. What is your image of the ideal body weight?

c. Childhood weight. If you were obese as a child, it is likely that you will be overweight as an adult. However, most obese adults were not obese as a child. Your childhood weight is determined by both inheritance and eating habits.

d. Your level of physical activity influences the amount of calories your body burns or converts into energy use. If your job requires a lot of physical activity, you will burn more calories than if your job requires you to sit at a desk all day. If

you engage in a lot of recreational activities, such as sports, dancing, bike riding, walking or organized exercise you will also burn away more calories than a "couch potato".

e. In general the higher your basal metabolism rate, the more you use energy to maintain the body. Exercise, temperature, injury, illness, surface area, fat free body mass (muscle), lean body mass, and pregnancy causes your body to use more energy. Aging and dieting decrease basal metabolism. This means that as you age it is more difficult to keep off weight. And as you diet, your decrease in basal metabolism makes it more difficult to lose weight by decreasing caloric intake.

Losing weight is a complex affair and many people fail in the effort. You not only have to understand and change your eating habits, but also understand how your body uses energy, understand yourself better, particularly in relation to food, and make significant changes in your life style.

WEIGHT CONTROL

Weight control is a difficult task. If you are considerably overweight and require the loss of more than 20 pounds, you are required to seek a medical examination and professional advice. The first steps in weight control are to understand both your eating habits and the type of body you have. Improving your diet by cutting down on fats, sweets and salt and increasing dietary fiber is the first step. In particular, cut down on foods that have high concentrations of fats, sweets and salt such as pastry, meat, fried food and salted snacks. If you have a tendency to put on weight, then you have to work harder to maintain weight control then someone with a high basal metabolism rate.

Increasing physical activities is as important as eating patterns in determining body weight and improving overall health. That also means knowing your physical activity pattern and your tendencies. If you are a "couch potato", losing weight will be very difficult.

Modification of eating patterns and physical activity is difficult to achieve alone and is easier with group support and reinforcement. If your partner's diet is also high in fats and sugar, it will be difficult to change your diet unless your partner also changes. Modifying physical activity patterns also should be done with the support of a group. Try to join an exercise and diet classes that meets at least three times a week.

Remember that initial loss in body weight may not be accompanied by loss in body fat. It may come from losses in water. Persistence and consistency are necessary to lose both body weight and body fat.

Provide a list of low cost exercise and diet programs in the community.

UNIT 2
NUTRITION

LESSON 3: FOOD ADS, LABELS AND COUPONS

Objective:

1. Given a specific dollar amount, students will use local food ads to select items for a healthy breakfast, lunch or dinner.

2. Students will compare two brands of one product to determine which is more economical and healthier.

3. Students will identify key information on food coupons.

Materials:

Weekly Food Ad from one or more local grocery stores
PLANNING MEALS WITH FOOD ADS sheet
COMPARING FOOD LABELS
Two manufacturer's labels for each product
Samples of food coupons
Play money

Activities:

1. Review the Food Pyramid and its use to prepare meal plans.

2. Distribute local food Ads to compare and contrast various products. List on the board specific vocabulary and abbreviations often found in these Ads or on food labels on the board.

For example:

TERM	ABBREVIATION
ounce	oz.
pound	lb.
each	ea.
package	pkg.
United States Department of Agriculture	USDA
Government Inspected	Govt. Inspected
12 count package	12 ct. pkg.
12 ounce bottle	12 oz. btl.
12 ounce carton	12 oz. ctn.

This activity can be used as a pre-test of common food ad abbreviations. The teacher could list the abbreviations on the board and ask students to write the full terms.

3. Handout **PLANNING MEALS WITH FOOD ADS.** Each student will select specific foods from an ad to plan a healthy breakfast, lunch, or dinner. Give each student a paper indicating the dollar amount they can spend, the meal they are to plan, and a list of ingredients that they already have at home. Students should consider the food pyramid to plan a balanced meal which also considers "best value" when possible.

   Note: There are usually more options for lunch or dinner.

   This activity also provides an opportunity for the teacher to introduce money and making change. Play money could be used to role play a store situation.

Information to be Emphasized:

The new food labels on appearing packaged and canned foods provide more accurate nutrition information for consumers. New labels are also required for fresh foods, such as meat and poultry. (Compare an old food label with a new food label for a similar product.) By properly using the information on the new labels you can control the intake of calories, fats, cholesterol, sodium and sugar. While the new food labels are not perfect they provide the information you need to create a healthy diet.

While there is a lot of information on the labels, you only have to concentrate on a few pieces of information to improve your diet and control the intake of certain nutrients, such as fat and sodium.

(Use poster as prop to illustrate information provided below.)

Serving Size: For each food product the government now determines what a typical serving size is rather than the manufacturer. No longer can one margarine maker list one teaspoon as a serving size while another lists a tablespoon. If you want to find out which margarine has less saturated fat, compare the amount listed on the label of each product that you are comparing (Compare nutrients listed on labels for two similar food products).

When using labels to plan your diet, determine *your* typical serving size. This may be more or less than what is on the food label. The serving size for potato chips is one ounce. If you eat about two ounces of potato chips at a setting, you will have to double the amounts of fat and sodium listed on the label to determine your intake of these nutrients.

Calories and Calories From Fat: Reading levels can help you determine if a food is too fatty. Be careful of eating food where more than 30% of the calories come from fat. For example, a frozen dinner provides 500 calories. If more than 150 calories come from fat, you might want to consider a different dinner with less fat. (Optional: The bottom portion of the label gives information on the calories per gram from fat, carbohydrates and protein. You want

foods where most of the calories come from protein and carbohydrates. However, avoid foods high in sugar, which is also a carbohydrate.)

% Daily Value: This fgure tells you how much of a day's worth of fat, cholesterol, sodium, etc one serving gives you as a percent. (Briefly review the % daily value from the demonstration label). It is based on a 2000 calorie per day diet, which is typical for a women and older men. Active persons and teenage diets would be closer to 2500 calories per day.

Generally, if the % Daily Value for total fat, saturated fat, cholesterol or sodium exceeds 20%, the food is too high in that ingredient. You probably should make a choice with a lower percent daily value.

Total Fat, Saturated Fat, Cholesterol and Sodium: These ingredients are given in grams (g) or milligrams (mg). One ounce equals 28 grams. One gram equals 1000 milligrams. Fats and sodium are needed for proper nutrition. But you want to avoid foods high in these nutrients because of their possible negative health consequences. Use the % Daily Value rule of limiting intake of food that exceeds 20% of the daily value for fats, cholesterol and sodium.

Carbohydrates: Complex carbohydrates are not listed separately. If *Other Carbohydrates* are listed they will be complex carbohydrates. You want foods high in carbohydrates other than from sugar. If most of the carbohydrates in grams comes from sugar, you can make a healthier choice.

Sugar: This lists amount of sweeteners, both natural and added in a serving size. No daily values have been established by the government for sweeteners. But you probably want to keep your daily intake below 50 grams or less than 2 ounces. Note that the sugar amount may be underestimated: some corn syrups may not be included under sugar.

Dietary Fiber: You want to include some foods high in dietary fiber. These will usually be whole-grains, such as cereals, vegetables and fruits.

Protein: No daily value is required from manufacturers. Some may voluntary include a % daily Value. For a 2000 calorie diet, about 50 grams of protain are recommended.

Other Information: Vitamin and mineral contributions as % Daily Value are also included on the label. If you are concerned with calcium intake, you would want to include foods supplying a high percentage of the daily value for this mineral.

The bottom portion of the label provides reference information on recommended intake for various nutrients for 2000 and 2500 calorie diets.

The last part of the label gives source of calories per gram from fat, carbohydrates and protein (see above).

Descriptive Terms: Manufacturers can use descriptive terms to describe the amount of fat, saturated fat, sodium and dietary fiber in a food product. In comparing similar products look for terms saying low in fats, saturated fats, cholesterol and sodium. However, limit any food

that provides more than 20% of the daily value for fat. Also, avoid food which has more than 600 milligrams.

Other descriptive terms, such as lean, extra lean, lite, extra lite and reduced are less reliable than low.

4. Handout two different manufacturer's labels for a similar product (DelMonte canned Sweet Peas and Lady Lee frozen Green Peas). Discuss major information sections: product quantity, storage directions, expiration date (sell by date), cooking directions, ingredients, serving size, servings per container, nutrition information. Review specific vocabulary for the labels you choose to use. Handout **COMPARING FOOD LABELS** and ask students to compare two labels for a similar product.

   OPTION: The **COMPARING FOOD LABELS** activity sheet can be used or students can work individually or in small groups to create a way to clearly display the information for comparative purposes.

   OPTION: Students can work individually or in small groups to display comparative information through bar graphs or pie charts.

5. Divide the class into smaller groups. Handout two food labels to each group. Each group should select one product as "better". Be sure each group has at least 3-5 reasons to support their argument. Use the food label information to convince the students from other groups to purchase the "better" product.

6. Something to do at home with the family. Go home and look at two similar food products in your cabinets or refrigerator (two kinds of vegetables, bread, or meat...) Compare the information on the labels to decide which is healthier.

7. Collect a variety of store and manufacturer's coupons for class use (samples are included here) or ask students to bring coupons to this class. Focus discussion on the following major points:

   - product identification
   - amount saved
   - must you buy a certain size or amount
   - is there an expiration date?
   - is it a store coupon or manufacturer's coupon/what's the difference?
   - is it a product student would normally use?

   Discuss advertising practices and language use. Use the sample Alpine Lace cheese ad and coupon to discuss the meaning of terms such as **lower in fat.** Review earlier activity on food labels and point out that students can check label to determine if a product really is lower in fat or sodium than another similar product.

   Use the BIZ ad and coupon to discuss the option of providing name and address for future mailings. Point out the advantages (may get more money saving coupons) and the

disadvantages (may get "junk mail"). Be sure to point out that providing name and address is **optional.**

Use the Crispix and the Corn Flakes coupon to discuss which would save more money. Review product sizing and unit pricing as well as which product is preferred to determine better value.

TEACHER NOTES
for
Lesson 3 Activities

FOOD ADS

Use of local food ads provides an opportunity to compare and contrast products and prices while teaching basic vocabulary, typical abbreviation, and calculating unit costs. Discuss the shelf labeling in some grocery stores that provide much of this information. Compare this to what type of information is available in neighborhood grocery stores.

BASIC SKILLS FOCUS:

Recognizing basic food vocabulary
Reading abbreviations
Compare and contrast information

PLANNING MEALS WITH FOOD ADS

This is a practical exercise which allows students to "practice" using food ads to plan healthy family meals. Be sure to explain the concept of unit measure which students will need to calculate unit costs. Review basic math computations.

This is another opportunity for participants to apply knowledge from the food pyramid or the **MAKING DAILY FOOD CHOICES FOR HEALTH AND LONG LIFE.** The teacher should assist students in using this information to justify and explain their food choices.

BASIC SKILLS FOCUS

Recognizing basic food vocabulary
Reading abbreviations
Compare and contrast information
Make judgments
Basic computation (add, subtract, multiply, divide)

COMPARING FOOD LABELS

This activity provides an opportunity for students to examine the information on a variety of food labels and determine the usefulness of the available information. Use terms like *less fat, low cholesterol,* or *healthier* as examples of facts versus opinions. Participants can also work in small groups to develop other ways to display the food label information. Bar graphs or pie charts can be drawn to both visually display the information as well as to teach the concept of common graphs.

As in other exercises, students should be encouraged to discuss and justify answers to the questions using the information learned in class. For example, answers to questions 4,5, and 6 will vary depending on students' needs. Likewise, if students do the small group activity, the teacher should encourage students to provide evidence of which is the "better" product.

Teachers can use this as yet another example of the specialized reading skills used by adults: Scanning for particular information, interpreting common abbreviations, and comparing/contrasting information to make decisions and so on.

BASIC SKILLS FOCUS

Recognize common label terms
Compare and contrast information
Basic computation (division)
Organize information
Provide supporting evidence

FOOD COUPONS

Although sample coupons are provided, both teachers and students are encouraged to collect local coupons of interest to be included in this activity. Have a variety of coupons available and emphasize key vocabulary that relates to the essential information contained in the coupon (expiration date, size and amount terms, etc.).

BASIC SKILLS FOCUS

Recognize common coupon terms
Evaluate information
Basic computation (division)

EATING HEALTHY WITH THE FOOD PYRAMID

Breakfast
Lunch
Dinner
Snack

Posttest

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Nutrition

NUTRITION
Lesson 2

KEY TERMS

Moderation	Balance	Variety	Junk Food
Junk Diet	Obesity	Overweight	Hypertension
Heart Disease	Anemia	Cancer	High Blood Pressure
Malnutrition	Vitamins	Minerals	Dietary Fat
Saturated Fat	Unsaturated Fat	Cholesterol	Sickle Cell Anemia
Sodium	Sugar	Protein	Complex Carbohydrates
Calcium	Calories	Exercise	Sodium Habit

NUTRITION TERMS	HEALTH CONDITION

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WEEKLY EXERCISE

GOAL: **I will exercise _____times this week.**

I will exercise for _____minutes each time.

Date	Exercise	Time Start	Time Stop	Total Time	Pulse @ Start	Pulse @ Stop	Comments: How Did You Do?

In general, how did you do? Great Good Try Again Next Week

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MAKING DAILY FOOD CHOICES FOR HEALTH AND LONG LIFE

Food Group	Suggested Daily Servings	What Counts As a Serving
Breads, Cereals and other Grain Products, Emphasize Whole-grain/Enriched	6 - 11 servings from entire group. Include servings of whole grain food items da.	• 1 slice of bread • 1/2 hamburger bun • small roll or biscuit • 3-4 small crackers • 1/2 cup cooked cereal, rice or pasta • 1 ounce ready-to-eat breakfast cereal
Fruits Citrus, grapes, apples, berries, bananas Other fruits	2 - 4 servings from entire group	• a whole apple, banana or orange • grapefruit half • melon slice • 3/4 cup of juice • 1/2 cup canned or cooked fruit • 1/4 cup raisins
Vegetables Dark-green leafy, dry beans and peas, potatoes, corn, broccoli, cauliflower, other vegetables	3 - 5 servings from entire group. Include dark-green leafy vegetables, dry beans and peas several times a week	• 1/2 cup cooked vegetables • 12 cup raw chopped vegetables • 1 cup leafy raw vegetables, such as lettuce, collards, spinach or other greens
Meat, Poultry, Fish and Alternates (eggs, dry beans, nuts, peanut butter)	2 - 3 servings from group. Limit intake of fatty red meats, processed meat (such as sausage, hot dogs, bacon, bologna) and shell fish	About 5 to 7 ounces of cooked, lean meat, chicken or fish a day. Equivalent to: • 1 - 2 chicken thighs • 1 medium hamburger • 1 fillet fish alternates: Count 1 egg, 1/2 cup cooked beans or 2 tablespoons of peanut butter as 1 ounce of meat.
Milk, Cheese and Yogurt	2 servings from group exceptions 3 servings for pregnant or breast feeding woman; 3 servings for teens; 4 servings for pregnant or breatfeeding teens)	• 1 cup of milk • 1 1/2 ounces of natural cheese (cheddar, colby, swiss) • 2 ounces process cheese (American, Velveeta) Caution: high in sodium • 1 cup of yogurt
Fats, Sweets, Sodium (salt) and Alcoholic Drinks	Limit Intake of: • Deep fried foods: fries, fried chicken, donuts • Salted or fried snack foods: chips • Food rich in animal fats: butter, creams, mayonnaise, chocolate, frosted cakes • Sugared snacks: candy, soda, pastries, sweetened cereals • Food high in sodium: processed meats and cheeses, ham, canned soups and vegetables • Additional salt added to food during and after cooking • Alcoholic drinks: 0-2 drinks per day for adults **Avoid if pregnant or breast feeding**	

Source: Adapted from USDA publications. Literacy for Health Project, College of Nursing, UIC

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FAST FOODS AND NUTRITIONAL CHOICES

Use the McDonald's Nutrition and You brochure to choose a breakfast, lunch, and dinner menu and calculate the nutritional contents.

	Calories	Protein (g)	Carbohydrates (g)	Total Fat (g)	Saturated Fat (g)	Cholesterol (mg)	Sodium (mg)
Breakfast:							
Totals:							
Lunch:							
Totals:							
Dinner:							
Grand Total:							

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DIET CHOICES AT McDONALD'S

1. You have just learned that you have high blood pressure. The doctor has told you to cut down on sodium.

   What kind of burger would be best for you? _____

   If you really love cheeseburgers, what could you do to the McLean Deluxe with cheese to lower the sodium to even less than the regular McLean Deluxe?

   _____

   You love Chicken McNuggets and Barbeque Sauce but a 4 piece nuggets and barbeque sauce total 730 mg of sodium. Could you get more nuggets with another kind of sauce and have almost the same or less sodium? Give an example.

   _____

2. If you're watching your calories, what would be a better lunch? Explain why.

   Chef Salad with croutons, bacon bits and packet of Bleu Cheese dressing or

   McLean Deluxe with Cheese or

   Filet-O-Fish and a Hamburger with everything?

3. If you are supposed to lower your cholesterol, what would be a good choice for breakfast at McDonald's?

   _____

   _____

4. Pick foods from McDonald's for dinner. Include drinks and dessert but try to keep the fat content low. What would you choose and what is the total fat content for you dinner?

   _____

   _____

   Total Fat:_____

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WHAT KIND OF EATER ARE YOU?

Examine your **Eating Behavior Record.** Under each category of eating, circle the answers that apply to you. Honesty counts, so don't fake it!

Are you a healthy eater?

1. I have 2 to 3 balanced meals daily.
2. I eat one or two nutritional snacks per day.
3. After a meal, I generally feel satisfied but not stuffed.
4. The meals I eat are usually nutritious.

Are you an over eater?

1. I have more than 3 balanced meals a day.
2. I eat until I feel full.
3. I eat a lot of snacks between major meals.

Are you a compulsive eater?

1. I eat whenever I feel sad, upset, or anxious.
2. I don't feel good about myself, so I eat.
3. I am always snacking, even right after a meal.

Are you an under eater?

1. I have one balanced meal a day.
2. I go all day without eating a balanced meal.
3. I feel hungry most of the day.
4. I'm still hungry even after eating.

Are you a fast food junkie?

1. I eat at least 2 times a day at a fast food restaurant.
2. I can't pass by a fast food place without buying something.
3. I eat more at a fast food restaurant than at home.

****

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So.....

What best describes you?

Healthy Eater **Over eater** **Compulsive Eater** **Under eater**

Are you happy with your eating habits or would you like to make changes? If you want to change, list 3 changes you will try by next week.

1. _____

2. _____

3. _____

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NUTRITION
Lesson 1

KEY TERMS

1. Obesity _____

2. Diabetes _____

3. Hypertension _____

4. High Blood Pressure _____

5. Heart Disease _____

6. Cancer _____

7. Anemia _____

8. Malnutrition _____

****

A. Saturated Fat _____

B. Unsaturated Fat _____

C. Sodium _____

D. Sugar _____

E. Insufficient Nutrients _____

F. Minerals _____

G. Vitamins _____

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YOUR EATING BEHAVIOR RECORD

Complete this chart to record all foods eaten over a three days. Date:_____ Day: (Circle) Sun. M Tu. W Th F Sa

Time of day	Foods eaten	Where did you eat? home, restaurant, friend's house)	Who did you eat with? (family, friends, alone)	Why did you eat? (meal time, urge for certain food, eat away the blues)	Thoughts & emotions (worried, sad, depressed, excited, content)

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UNDERSTANDING OUR EATING HABITS

What foods would you eat if you were short on money?

What foods would you eat if money were no object?

What food would you serve a guest?

What food would you eat if you were feeling sad?

What food would you eat if you needed energy?

What food would you eat if a doctor told you to eat for health?

Would you eliminate any of these foods? Why?

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Dollar Value to Spend_____ Meal: Breakfast_____ Lunch_____ Dinner_____

FOOD ITEM	UNIT MEASURE	BASIC FOOD GROUP	COST
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL COST			

1. Did you stay within your budget?_____ How much change would you receive? _____

2. Name one advantage of planning meals with food ads._____ Name one disadvantage_____

3. Choose four items from above and calculate the unit cost of each. (1)_____ (2)_____
(3)_____ (4)_____

4. Do you use food ads to plan your meals? Usually _____ Sometimes _____ Never _____

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COMPARING FOOD LABELS

Do you check food labels? Weekly_____ Sometimes_____
Never_____

Choose product labels from two different manufacturers for a similar product and fill in the chart below.

Product:	**Product:**
Expiration Date:	**Expiration Date:**
Storage Directions:	**Storage Directions:**
Ingredients:	**Ingredients:**
Quantity:	**Quantity:**
Serving Size:	**Serving Size:**
Calories:	**Calories:**
Protein:	**Protein:**
Carbohydrate:	**Carbohydrate:**
Fat:	**Fat:**
Sodium:	**Sodium:**
Potassium:	**Potassium:**

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COMPARING FOOD LABELS
(Continued)

1. What is U.S. RDA?

   _____

2. If the first product costs $1.29 and the second product costs $1.59 which is a better buy? What is the unit cost for each product?

   _____

   _____

3. Which product would be better for someone...

   who is concerned about diabetes? _____

   who is concerned about high blood pressure? _____

   who is obese? _____

   who is concerned about a hyper-active chile? _____

4. If both products were of equal size and equal cost, which would be healthier for **you**?

   Explain _____

5. What information on the labels is of most use to **you**?

   Why? _____

6. Do you think it is worth your time to check food labels?

   Why? _____

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What kind of Diet Do You Have?

Again, examine your Eating Behavior Record. Under each diet category, circle the answers that applies to you.

A. Do you have a healthy diet?

1. I eat only small amounts of red meat during the day

2. Most of what I eat consists of vegetables, beans, fruit, whole wheat bread, pasta and cereals.

3. I am careful about eating too much animal fat, sweets or food high in salt.

B. Are you a fast food junkie?

1. I eat at least 2 times a day at a fast food restaurant

2. I can't pass by a fast food place without buying something

3. I eat more at a fast food restaurant than at home

C. Do you have an unhealthy diet?

1. I eat red meat 2 to 3 times a day

2. I like putting extra salt on my food

3. I almost never eat vegetables--unless they are fries

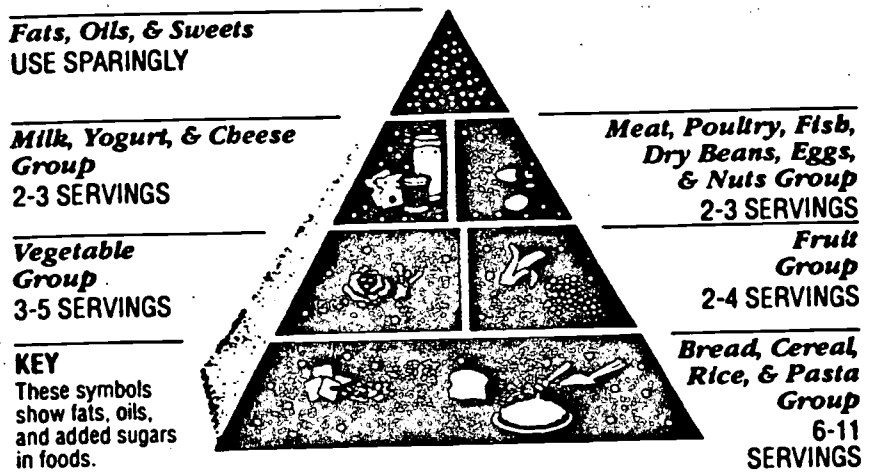
4. I eat deep fried food at least once a day

5. I eat sausage, bacon or hot dogs at least once a day

6. I have to have candy or sweets at least a couple of times a day

7. I always have eggs or pancakes for breakfast

Food Guide Pyramid
A Guide to Daily Food Choices



SOURCE: U.S. Department of Agriculture / U.S. Department of Health and Human Services.

▼ Sugars (added) ○ Fat (naturally occurring and added)

What We Eat

What food would you eat if you were short on money?
What food would you eat if money were no object?
What food would you serve a guest?
What food would you eat if you were feeling sad?
What food do you eat if you feel the need for energy?
What food would you eat if a doctor told you to eat for health?
Would you eliminate any of the above dishes? Why?

UNIT 3

HUMAN DEVELOPMENT

UNIT 3: **Human Development is comprised of three lessons**

Lesson 1: Developmental Stages

Lesson 2: Parental Behaviors

Lesson 3: Toilet Training

UNIT 3

HUMAN DEVELOPMENT

Lesson 1: Developmental Stages

Objective: Students will: 1) identify characteristics of six stages of human development

2) recognize own child's current developmental stage

Materials: **STAGES OF EARLY HUMAN DEVELOPMENT** Handout
KIDS DO THE DARNDEST THINGS Handout

Activities:

1. Introduce **STAGES OF EARLY HUMAN DEVELOPMENT** table and provide overview of human development from birth through late adolescence.

2. Ask for volunteers to read the developmental stages. Encourage class discussion. Cite examples and encourage students to provide examples from their child's development or from their own personal development. Students could write their examples and then share with the group. Save these written examples in the students' folders.

3. Divide class into six small groups based on age of children: 1) birth to 18 months; 2) 18 months to 6 years; 3) 6 years to 9 years; 4) 9 years to 12 years; 5) 12 years to 14 years; 6) 14 years to 21 years. Ask each group to discuss a specific developmental stage and to list typical behaviors. Each group will report out to the larger class. If the class is small, developmental stages can be combined to form three groups.

4. Ask students to write a short description of their child's activity or behavior patterns. Include an example that is considered positive (explores surroundings, dresses self) and an example of typical behavior that bothers the parent (cries, temper tantrums). Students should also comment on parent behavior. What can a parent do to encourage positive growth and development? How can a parent cope better with normal developmental behaviors which may be annoying or bothersome?

   If there is a wide range of children's ages among the students, try to insure that some students write about each of the developmental stages. However,

depending on class size and age of children, this may not be possible. It is more important that all students address the developmental stages of their children. The teacher should prepare comments on the stages which are not immediately relevant to the students in a given class.

The teacher may suggest that students write a story or, if the class needs more structure, the teacher can use the **KIDS DO THE DARNDEST THINGS** handout.

TEACHER NOTES
for
Lesson 1

STAGES OF EARLY HUMAN DEVELOPMENT TABLE

This activity provides an opportunity for students to get information by scanning a multi-column chart. Students will also have an opportunity to categorize their child's behavior within one of the developmental stages. Also by asking students to write examples of the child's behavior, the parent will be introduced to one of the benefits of writing. Keeping a written record provides an opportunity for parents to reflect on behavior patterns rather than just react.

Basic Skills Focus

Reading multi-column chart
Compare and contrast information
Identify supporting details
Skim for information
Record information

SMALL GROUP DISCUSSIONS

Small group discussions provide an excellent opportunity for students to practice verbal skills - to organize ideas, provide support, and be persuasive.

Basic Skills Focus

Categorize behaviors
Make judgments
Provide supporting details
Express ideas verbally with adequate examples or support
Take notes
Organize ideas in logical order

KIDS DO THE DARNDEST THINGS

This writing exercise should encourage students to organize their thoughts in a clear, logical sequence. This will also provide an opportunity to review sentence structure, grammar, and spelling as needed. It is important to stress the benefits of using writing as a tool to think through situations and to more closely examine what is going on.

Basic Skills Focus

Express ideas in clear, logical order
Sequence events
Use correct sentence structure and spelling
Legible handwriting

UNIT 3
HUMAN DEVELOPMENT

Lesson 2: **Parental Behaviors**

Objective: Student will identify appropriate parental behaviors related to specific developmental stages.

Materials: **EARLY STAGES OF HUMAN DEVELOPMENT** table
WHAT'S A PARENT TO DO? form

Activities:

1. Ask students to read their stories describing a child's behavior. Have the class use the **EARLY STAGES OF HUMAN DEVELOPMENT** table to identify the developmental stage and suggest appropriate parental responses.

   If the class needs more structure use the **WHAT'S A PARENT TO DO?** form to complete this exercise.

2. Teacher can also develop behavior scenarios typical of the developmental stages and students can use the table to identify the correct stage and then suggest parental responses which encourage healthy development.

3. Teacher presents a child-parent situation, e.g. parent and teen discussing curfew. Students take the roles of parent and child to role play the situation. Teacher "stops action" periodically to elicit feedback and comments from class.

TEACHER NOTES
for
Lesson 2

WHAT'S A PARENT TO DO?

This format provides more structure for students who may have difficulty organizing ideas. Using this type of chart, helps parents analyze their children's behavior and their own responses to the behaviors. This format is also very helpful in recognizing repeated patterns of behavior for both the parent and the child. Using writing is a means of organizing information for the parents to use in writing a short descriptive paragraph.

Basic Skills Focus

Categorize behaviors
Make judgments
Scan for information
Provide support for ideas

ROLE PLAY

A role play activity is an excellent opportunity for students to practice verbal skills and consider both organization of ideas and persuasiveness or arguments. This is also an opportunity for participants to experiment with new or alternative ways of communicating with others.

Basic Skills Focus

Express ideas verbally
Provide support
Speak to explain/articulate a problem
Describe feelings
Persuade

HUMAN DEVELOPMENT
(Third Revision)

Lesson 3: **Toilet Training**

Objective: Student will explain principles of positive toilet training

Materials: **POSITIVE TOILET TRAINING** handout
Doll that wets with bottle

Activities:

1. Teacher will discuss appropriate age and developmental stage for toilet training.

2. Ask students what skills a child needs before toilet training can be successful. Be sure the class discusses the following:

   - Bladder control - the ability to anticipate the need to urinate and to urinate a significant amount at one time.
   - Physical readiness - the ability to go to the toilet alone and the dexterity to pull pants down.
   - The ability to communicate a need and follow instructions.
   - Child demonstrates an interest in toileting.
   - Child wants to imitate adult behavior.
   - Child shows an interest in neatness.

3. Teacher explains "Toileting in One Day" as one method of toilet training.

   1. Before the actual training day, children must be taught to put on and remove their own clothes.
   2. Dress the child in loose training pants that can be pulled down easily.
   3. Have the child drink a large amount of his favorite beverage to encourage urination.

4. Dressed and full of liquids, the child watches the parent potty train a doll as a demonstration of what is expected of the child.

5. When the doll drinks and wets, the child is teaching the doll and by imitation the child learns himself.

6. The parent allows the doll to have an accident and wet her pants and the child says, "No dolly, big girls don't wet their pants." The child then helps the dolly practice drinking and then wetting.

The parent must convey love and acceptance yet a disapproval of wet pants. Parent must show the child how performance is improved.

TEACHER NOTES
for
Lesson 3

POSITIVE TOILET TRAINING

Basic Skill Focus

Present information in logical order (teaching child)
Identify and follow sequence of events
Read and follow sequential directions

Stages of Early Human Development

Age Range	Developmental Task	Characteristics of Stage	Parental Responsibilities
Birth to 18 Months	Anxiety; interacts with mother figure Uses maternal tenderness to gain security and avoid anxiety Establishes ability to trust others	Sleeps a lot early in life, feeding. Can discriminate among sensory stimuli Sensitive to the human voice; pleasure from looking at human face Learning to control body Exploration Beginning of language	1. develop secure bond 2. meet basic needs a) reduce tension b) monitor stimulation c) respond to individual needs of the infant d) be a playmate, conversationalist e) provide opportunity for exploration and growth
18 Months to 6 Yrs **Toddlers through early school age**	Learns to delay gratification in response to interpersonal demands Uses language and action to avoid anxiety Compulsive self-restraint and has some ability to evaluate one's own behavior	**Toddler hood:** 1. Toileting 2. Increases gross motor skills 3. Negativism 4. Dresses self 5. Temper tantrums **Preschool/early school:** 1. Imaginary companions 2. Fear of darkness 3. Mastery of self 4. Increases fine motor coordination 5. Cooperative play 6. Prefers parent of same sex 7. Attracted to parent of opposite sex (Oedipal) 8. Enlarges vocabulary	1. Consistent rule setting & enforcing limits 2. Control the environment a) safety b) play area/activities 3. Stimulate intellectual growth/provide useful toys for preschooler a) large smooth blocks of different sizes/shapes b) finger paints; crayons c) musical toys d) toys for loving, pets

Age Range	Developmental Task	Characteristics of Stage	Parental Responsibilities
Yrs to 9 yrs	Develops peer relationship & uses environment outside the family to shape self-realization of competence perseverance "Self-doubt & feeling of inferiority"	Development & mastery of gross motor skills, logical thinking Concept of time is refined Increased peer sociability Moving from external control to internal Increased problem solving skill	1. Respond with positive interest & praise 2. Encourage exploration 3. Provide opportunity for peer engagement 4. Enhance intellectual development 5. Monitor television viewing 6. Establish clear safety rules 7. As child moves more to the outside environment, parental role involves more support and consultation
9 Yrs to 12 Yrs **Preadolescence**	Develops caring relationship with same sex peer, chum relationship	Joins groups Expanding skills, abilities, and hobbies Decreased aggressive behavior Impulsiveness declines	1. Facilitate learning of skills 2. Discuss inferiority complex 3. Provide model of controlled helpful behavior 4. Allow child to have greater responsibility in solving problems 5. Allow a more active role in the family a) decision-making b) chores 6. Monitor TV viewing 7. Establish routines
12 Yrs to 14 Yrs **Early Adolescence**	Develops interest in opposite sex relationship	1. Rapid physical growth, hormonal changes 2. Difficult to control emotions 3. More abstract thinking 4. Increasing independence from parents 5. Increasing sociability with peers 6. Develops more interest in opposite sex	1. Give more power to child in matters of friendship, clothes, music and general appearance 2. Be available & ready to listen in a non judgmental fashion 3. Practice active listening skills 4. Avoid giving too much responsibility for younger children 5. Don't compare to other children
14 Yrs to 21 Yrs **Late Adolescence**	Has satisfying relationships Commitment to work relationships Close interpersonal relationships		Since some dynamics are as a result of a changing economy, little is written on the tasks of the parents under these new economic conditions. How should parental roles respond to these new challenges?

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Kids Do The DARNDEST Things!

If you have children, choose one and think about how he or she acts during the day. If you do not have children of your own, think about the other children you know - friends, nieces, nephews, etc.

How old is the child? _____

Describe this child's typical behavior. How does the child act at home, with the mother or father? How does the child act with brothers or sisters? Is the child different with friends? You may want to review the STAGES OF EARLY HUMAN DEVELOPMENT handout then choose one example of typical behavior for this child and describe it or write a story about it.

This behavior is typical of what developmental stage?_____

What should a parent do when a child acts like this?

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WHAT'S A PARENT TO DO???

Child's Age	Behavior	Developmental Stage	Parental Response

TOILETING

Positive Approach **Low Stress**

1. Prepare the child ahead of time. Teach her to put on and take off her clothes. Let her observe family members using the toilet, and teach her the words the family uses for urination and bowel movements.

2. Put the potty chair in a room with a washable floor.

3. Dress the child in loose training pants that can be pulled down easily.

4. Give the child a lot of liquids to drink to encourage urination.

5. Now the child watches the parent potty train a doll. The mother shows how the doll drinks and then wets on the potty chair.

6. Next the child teaches the doll by pretending to have the doll drink and wet on the potty chair. The child pulls the dolls pants up and empties the bowl.

7. The child can go off to play and then be called back to help the doll use the potty chair again. This can go on until the child understands the steps in toileting.

9. The parent encourages the child to continue to drink liquids and to use the potty chair, just like the doll, every 10-15 minutes.

10. If the child has an accident, the parent simply suggests that "It's important to get to the toilet faster," or "We need to practice taking down your pants faster."

REMAIN CALM **BE POSITIVE** **DON'T PUNISH**

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UNIT 4

PARENTING SKILLS: EFFECTIVE DISCIPLINE AND GUIDANCE

UNIT 4: **Parenting Skills: Effective Discipline and Guidance is comprised of**

Lesson 1: Disciplinary Practices

Lesson 2: Parent Communication Skills

UNIT 4

PARENTING SKILLS: EFFECTIVE DISCIPLINE AND GUIDANCE

Lesson 1: Disciplinary Practices

Objectives: Student will: 1) identify and evaluate current disciplinary practices
2) identify positive, effective, and safe disciplinary practices

Materials: **DISCIPLINARY PRACTICES** record sheet
WHEN KIDS ARE GOOD record sheet

Prior to this lesson:

Students should complete the **DISCIPLINARY PRACTICES** form to record current practices. This can be used as a form of pretest to measure changes in disciplinary behaviors of parents.

Teachers should determine how many students have been through a parenting class. Those students should share with the class what was covered and what they found most beneficial. This information will enable the teacher to modify the curriculum as needed or to bring in students as "teachers" to help in the lessons.

Activities:

1. The instructor begins by reviewing the unit on Human Development and answering questions from that unit. This is also an opportunity to relate developmental stages to disciplinary practices.

2. Ask the class to define "family values" and "morals". Is violation of these values and morals the basis of discipline in their family? Is discipline based on what aggravates a parent at a given time? Ask students to review their **DISCIPLINARY PRACTICES** record sheet.

3. Using the information on the **DISCIPLINARY PRACTICES** handout, discuss violations which lead to punishment.

   - Curfew violations
   - Wetting the bed
   - Sibling fighting or fighting with friends
   - Not doing chores
   - Messing up the house
   - Getting on your nerves
   - Not eating
   - Poor grades
   - Talking back/being disrespectful

   Ask students to list behaviors on the board. Discuss and note age of child, e.g. sibling fighting for 4 and 5 year old is different than sibling fighting for 14 and 15 year old.

4. Discuss common disciplinary practices for the behaviors listed above including any other behavior problems mentioned by the students. Refer to what parents did during the week and noted on the **DISCIPLINARY PRACTICES** form. Have a volunteer list disciplinary practices on the board across from the specific problem behavior.

   Ask class to evaluate disciplinary practices as positive, negative, or questionable. Discuss possible alternatives keeping in mind the age of the child.

5. Discuss ways to reinforce positive behaviors. Again refer back to original behavior list. What can a parent do if a child begins getting better grades or if a parent notices that the children are not fighting. Stress the importance of reinforcing good behavior.

6. Ask students to concentrate on reinforcing good behavior by completing the **WHEN KIDS ARE GOOD** form before the next class.

TEACHER NOTES
for
Lesson 1

DISCIPLINARY PRACTICES

This exercise can be used as a pre-test to evaluate current disciplinary practices and compare to discipline methods after instruction and recorded on the **DISCIPLINE CAN BE POSITIVE** form following lesson two. The instructor should use this as an opportunity to point out the value of using literacy to take control. Using writing can be a very positive tool to critically examine situations helping individuals take more control.

Basic Skills Focus

Categorize behaviors
Record keeping
Cause and effect relationship
Evaluation

DISCUSSION OF FAMILY VALUES/MORALS

This discussion provides an opportunity to view a child's behavior within a larger context of family values/morals. The instructor can encourage participants to think through their own values and begin to articulate what values are important to pass on to their children and how to do this. Various writing techniques can contribute to this process. For example, students could brainstorm about different family values. Then individual students could list specific values they wish to teach their children and include specific, practical examples of how this can be done.

Basic Skills Focus

Analysis - analyze child behaviors, what behaviors require discipline
Express ideas in clear, logical manner
Provide support for ideas, use examples
Cause and effect relationships
Be persuasive

DISCIPLINARY PRACTICES

This activity provides an opportunity for students to evaluate disciplinary practices, to make judgments as to positive versus negative methods, and to explore alternatives.

Basic Skills Focus

Categorize behaviors
Make judgments
Brainstorm ideas
Evaluate alternatives

UNIT 4

PARENTING SKILLS: EFFECTIVE DISCIPLINE AND GUIDANCE

Lesson 2: Parent Communication Skills

Objectives: Student will demonstrate effective communication skills including reflective listening, I messages, expressing feelings.

Materials: **WHEN KIDS ARE GOOD** completed form
COMMUNICATING WITH KIDS handout
DISCIPLINE CAN BE POSITIVE form

Activities:

1. Discuss the students' experiences in keeping the **WHEN KIDS ARE GOOD** record form. Ask students to explain child's behaviors after positive reinforcements. Have a volunteer list behavior, reinforcement and reaction on the board. Again, consider age differences for children.

2. Pass out **COMMUNICATING WITH KIDS** handout and discuss active listening strategies, reflective listening, I messages, expressing feelings, etc.

   Instructors can demonstrate communication skills through role play. Develop a sample scenario such as a teenager who violates curfew. First have the instructor be the parent and then practice with a student acting as the parent. If appropriate, include a scenario with a younger child, e.g., a 6 year old who doesn't want to go to school.

   Give students an opportunity to develop their own role play situation. This could be done in a game format. Divide the class into two teams. Each team comes up with five situations for the other team to role play. A member from Team A chooses a slip of paper describing the situation and role plays the parent while someone from Team B role plays the child. If the parent from Team A is able to maintain control and continue to respond in a positive manner, Team A wins the round. Some role plays can even be done non-verbally demonstrating the power of body language.

3. Ask students to choose one or two of the effective communications skills listed on the **COMMUNICATING WITH KIDS** handout to practice during the week. Students can record both their feelings and any reactions from children in their journal. This will be discussed in the next class.

4. As a form of post-test, ask students to again record their disciplinary practices for a few days on the **DISCIPLINE CAN BE POSITIVE** form. Compare discipline practices to earlier assessment on the **DISCIPLINARY PRACTICES** form.

TEACHER NOTES
for
Lesson 2

WHEN KIDS ARE GOOD

This activity allow students to experiment with positive reinforcement for children's behavior. For specific suggestions see *TEACHER NOTES* for DISCIPLINARY PRACTICES in Lesson 1.

Basic Skills Focus

Brainstorm new methods
Record keeping
Evaluation

COMMUNICATING WITH KIDS

This handout presents the basic concepts of positive communication skills for parenting. It defines such methods as active listening, reflective listening, I messages, and expressing feelings. The instructor should point out that these techniques may feel awkward at first, but with practice they will become more natural. This can be used as a reference for future review.

Basic Skills Focus

Vocabulary development
Scanning for information
Referencing skills
Identify main idea and supporting details

ROLE PLAY

By role playing various parenting scenarios, the students are able to practice the new skills and benefit from feedback from their peers. Those doing the role play need to make a conscious effort to use these new skills. Participants viewing the role play should use the **COMMUNICATING WITH KIDS** handout to identify the specific techniques (active listening, restating, clarification, reflection, focusing, or identifying themes) used during the role play.

Basic Skills Focus

Express feelings
Present ideas in logical order
Be persuasive

Evaluate peer behavior
Identify alternatives

PITFALLS TO AVOID

1. Avoid the YOU word. It implies accusation and blame.

2. Focus on the behavior not the person.

3. Avoid confrontational communication.
   Me versus You
   Win versus Lose

4. Avoid bringing up past negative behaviors. Focus on the here and now. It is OK to discuss consequences for the future.

5. Avoid comparing a child to others.

   You're going to be just like your crazy Uncle Joe.
   You're just like your father...no good.
   Why can't you be more like your sister.

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COMMUNICATING WITH KIDS

Active Listening Skills

Effective communication must preserve the self-respect of both the parent and the child.

1. **Listening** is an active process of receiving information and examining one's reaction to the message received. Maintain eye contact and receptive nonverbal communication.

2. Avoid **YES** or **NO** questioning. Use open ended statements or questions to encourage communication.

   How did that make you feel?
   What are you thinking about?
   That must have been frightening.

3. **Restating** is repeating the main thoughts expressed by the child.

   It must have been very frustrating to be in that class today.

4. **Clarification** attempts to put into words vague ideas or unclear thoughts or asks for an explanation of what is meant.

   I'm not sure I understand what you mean. Can you tell me again?

5. **Reflection** directs back to the child his ideas, feelings, questions and content.

   You are still feeling angry about that conversation with your dad last night.

6. **Focusing** directs attention to questions or statements that help the child expand on a topic of importance.

   I think we should talk more about that conversation with your dad.

7. **Identifying themes** points out problems or issues that emerge repeatedly.

   I notice that whenever Aunt Sue comes over, this seems to happen.

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DISCIPLINARY PRACTICES

We all discipline our children. Think about your child's behavior and what discipline practices you use most often. Keep a record of any disciplinary action you take with your children. Try to be exact. Think about what methods you use most often. Are these the methods you want to use. Also think about which methods are most effective and why.

What your child did. (Be specific and include child's age)	What you did.	Results
Example: Two year old child had a tantrum-yelling,crying, throwing	I ignored him	He stopped the tantrum in 5 minuts
Example: Five year old child knocked his glass off table	I yelled at him and slapped his hand	He cried

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WHEN KIDS ARE GOOD

When you pay attention to or reward a child's good behavior, that behavior tends ot occur more often. To help you become more positive in you parenting, watch carefully for good behavior in your child. Record below some of the good behaviors you observe and what you did to reinforce these. A light touch or a smile or a simple comment is often all that is needed to let your child know that you approve of his behavior.

What your child did. (Be specific and include child's age)	What you did.	Your Child's Reaction

BEST COPY AVAILABLE

DISCIPLINE CAN BE POSITIVE

WAIT before you discipline. Try some of the methods we have discussed in class. Try to use effective communication skills we have learned.

What your child did. (Be specific and include child's age)	What you did.	Your Child's Reaction

UNIT 5

FAMILY VIOLENCE: PREVENTION, STRATEGIES, ALTERNATIVES

UNIT 5: **Family Violence** is comprised of four lessons

Lesson 1: What is Family Violence

Lesson 2: Developing Strategies

Lesson 3: Child Abuse

Lesson 4: Understanding the Law

UNIT 5

FAMILY VIOLENCE: PREVENTION, STRATEGIES, ALTERNATIVES

Lesson 1: What Is Family Violence?

Objectives: Students will: 1) define family violence.
2) discuss the cycle of violence within a family.

Materials: **FAMILY VIOLENCE - TRUE OR FALSE?** quiz
FAMILY VIOLENCE DEFINITIONS sheet
HELPING DOLORES worksheet

Note: This is a very sensitive topic for most classes. The instructor should consider separating the men and women if that seems more appropriate for a given class. A male instructor should also be considered for the male group.

Feelings of isolation and mistrust may be more prevalent during this unit. The instructor should encourage group and team work as much as possible to avoid any one student feeling he or she has been singled out.

Activities:

1. Ask students to complete the **FAMILY VIOLENCE - TRUE OR FALSE?** quiz to check general knowledge. Suggest that students make corrections based on class discussion. The quiz must be reviewed at the end of this session so students do not leave with incorrect information.

2. Ask students to complete the student sections of the **FAMILY VIOLENCE DEFINITION** sheet. Explain that the legal definitions will be covered later.

   Have students share their definitions. It has been our experience that family violence is often viewed only as a violent physical confrontation between two adult partners. Ask volunteers to write definitions on blackboard or easel.

3. Show the film "Dolores" or another appropriate video tape. After this film, the class usually opens up more.

4. After the film, guide the class through a discussion of the cycle of violence. The film can provide a common experience to discuss yet be less threatening since it is a fictional account.

5. Ask students to complete the **HELPING DOLORES** worksheet. This can be done in small groups and reported out to the class or can be assigned as homework.

6. If appropriate, ask students to write a story about family violence. Sharing information about oneself, a relative, or even a friend can be very threatening and many classes may resist.

7. Review the **FAMILY VIOLENCE - TRUE OR FALSE?** quiz. Be sure all students correct their answers so no one leaves with incorrect information.

TEACHER NOTES
for
Lesson 1

FAMILY VIOLENCE -TRUE OR FALSE?

This "quiz" can be used as a pretest to evaluate students' understanding of the many aspects of Family Violence.

Basic Skills Focus

Evaluate information based on previous experience

FAMILY VIOLENCE DEFINITIONS

This exercise is another check of students' understanding of the many forms of Family Violence. Too often, it is viewed only as physical violence between adults.

Basic Skills Focus

Synthesize information
Provide support for opinion

HELPING DOLORES

This worksheet is designed to encourage students to "brainstorm" alternatives; to consider "what if..." situations.

Basic Skills Focus

Recall sequence and details
Identify cause and effect
Make inferences
Draw conclusions
Provide supporting details

UNIT 5

FAMILY VIOLENCE: PREVENTION, STRATEGIES, ALTERNATIVES

Lesson 2: Developing Strategies

Objectives: Students will devise strategies for dealing with family violence.

Materials: **HELPING DOLORES** worksheet completed in last lesson
NEECY AND JOE STORY
COMMUNITY RESOURCE SHEET

Activities:

1. Review the **HELPING DOLORES** worksheet from the last lesson. Discuss suggested alternatives to develop strategies for Dolores.

2. If students wrote their own stories, ask for volunteers to share their stories. Divide the class into smaller groups and using one of the student's stories or the Dolores film, ask the students to answer the following questions. The **NEECY AND JOE STORY** could also be used to stimulate discussion .

   1) What steps will the victim need to take to address her situation?

      - Counseling
      - Stashing money from the budget or food stamps
      - Keeping a bag packed and hidden for quick get-a-way
      - Know location of shelters
      - Procedures for Order of Protection
      - Remove potential weapons, avoid conflicts in dangerous areas (kitchens, bedrooms, near windows in CHA high rises)
      - Ways to include children in the plans if appropriate based on child's age

   2) What skills might the victim need to develop before the escape?

      - Build self confidence (support groups, literacy training, job training)
      - Ways to communicate problem to someone the victim can trust
      - Address own needs - is victim a substance abuser; is victim in a co-dependent relationship; is health compromised?

3. Ask a spokesperson from each group to report out to the larger class. All members of the group should be encouraged to comment. Have a volunteer from the group record suggestions on the board.

   The nurse should always relate the incidences of family violence back to various health problems, i.e. stress, musculoskeletal injuries, STD's delayed development in children, G.I. disorders, etc.

4. If time permits, expand discussion to include how family violence contributes to violence in the larger community.

5. Consider the strategies discussed above. Ask students to follow-up to obtain more information in one area. For example, if Dolores or Neecy lived in your neighborhood, where could she go for counseling, for education to finish high school, for job training, for help with alcohol or drug abuse problems, etc. Ask students to record relevant information or to complete the **COMMUNITY RESOURCES** sheet to share with the class.

TEACHER NOTES
for
Lesson 2

STUDENT STORIES/NEECY AND JOE

Using the students' stories or the Neecy and Joe story, the students will have an opportunity to explore alternatives. What can a victim of abuse do to correct the situation?

Basic Skills Focus

Recall information
Identify sequence of events
Identify cause and effect
Locate additional information
Make judgments
Draw conclusions
Make inferences

COMMUNITY RESOURCES

This activity encourages students to go out into the community and interact with various agencies. The information obtained and shared with the class is important, but the process and experiences of students while completing the assignment is of equal importance and should be thoroughly discussed.

Basic Skills Focus

Locate information
Formulate questions
Record information
Use of public transportation- read schedules, maps, etc.

UNIT 5

FAMILY VIOLENCE: PREVENTION, STRATEGIES, ALTERNATIVES

Lesson 3: Child Abuse

Objectives: Students will: 1) identify inappropriate forms of discipline which are abusive.
2) recognize and describe the signs and symptoms of child abuse.

Materials: **IS THIS CHILD ABUSED?** story sheets

Activities:

1. Ask class what a victim of child abuse looks like. Have a volunteer record responses on the board.

   Note that not all signs and symptoms of child abuse are obvious or visible. Discuss musculoskeletal disorders, neurological problems, emotional/behavioral changes (more aggressive, more passive, changes in grades, changes in socialization patterns)

2. Divide class into smaller groups. Ask each group to read one of the stories **IS THIS CHILD ABUSED?** Each group should answer the following questions and share their discussion with the larger class.

   - Is this child abused? Why or Why not?
   - Is this physical abuse or emotional abuse?
   - What are the signs or symptoms of abuse for this child?
   - Suggest another response for the parent in this situation.

   Note: During the discussion, the instructor should refer back to the lessons on Human Development and Discipline and Guidance.

TEACHER NOTES
for
Lesson 3

IS THIS CHILD ABUSED

This activity provides an opportunity for students to consider all forms of child abuse and not just physical abuse.

Basic Skills Focus

Identify main idea and supporting details of the story
Make judgments
Distinguish fact from opinion
Make inferences

UNIT 5

FAMILY VIOLENCE: PREVENTION, STRATEGIES, ALTERNATIVES

Lesson 4: Understanding the Law

Objectives: Students will: 1) find and state the legal definition of domestic violence.
2) identify major headings for documents and brochures and state main idea and important details of each.
3) use a document or brochure to locate specific information .

Materials: **FAMILY VIOLENCE DEFINITION** from Lesson 1
DOMESTIC VIOLENCE DYNAMICS available from the State's Attorney's Office
ORDER OF PROTECTION available from the State's Attorney's Office
DOMESTIC VIOLENCE available from the University of Illinois at Chicago

Activities:

1. Pass out the **DOMESTIC VIOLENCE DYNAMICS** , a handout available from the State's Attorney's Office. Discuss the overall format or design of such documents. Point out the five bolded headings : Statistics, What is Domestic Violence, Battered Women, Effects of Domestic Violence on Children, and Men who Batter. Discuss that most brochures or documents do have headings to divide the information into categories.

   Divide the class into five groups. Ask each group to read one section and report four or five significant facts from each section. What is the main idea of the section? What are the important details included?

2. Return to the **FAMILY VIOLENCE DEFINITION** sheet from Lesson 1. Ask students to write in the legal definition of domestic violence.

3. Pass out **DOMESTIC VIOLENCE** brochure available from the State's Attorney's Office. Ask the class to list the six bolded headings. Have a volunteer list these on the board.

   - Message from the state's attorney
   - What is domestic violence?

- Obtaining an order of protection
- Getting help from a domestic violence agency
- What can you do to help domestic violence victims?
- Going to court: the role of the state's attorney

As an assignment or as a whole group, read the document and highlight or underline important points. Use the information to double check the **FAMILY VIOLENCE - TRUE OR FALSE?** quiz from Lesson 1. Additional information for the instructor is available in the ORDERS OF PROTECTION handout also available from the state's attorney's office.

4. Devise a game like review to encourage students to use these documents or the brochure as reference tools. The instructor can develop questions to ask two teams of students. The students should be encouraged to locate the information in the document to defend answers. Teams can be awarded points for correct answers or both teams can race to find the answer first. Whole teams can work together to respond or individuals from each team can take turns responding. The emphasis should be on use of the document to confirm answers and not just on responding.

5. Pass out **DOMESTIC VIOLENCE** brochure available from the University of Illinois at Chicago. Ask students to identify the main headings. What is the main idea and important details of each heading? What is the main message of the whole brochure? Have students critique the brochure in terms of content, format, and accuracy. Allow participants to make suggestions or redesign the brochure.

TEACHER NOTES
for
Lesson 4

DOMESTIC VIOLENCE DYNAMICS

This document is available from the State's Attorney's Office and provides extensive information of domestic violence. The activity allows students to examine document format to more effectively locate information.

Basic Skills Focus

Analyze document format
Identify main idea and supporting details
Skim for factual information

FAMILY VIOLENCE DEFINITIONS

This is the conclusion of the activity started in Lesson 1. At this point students will locate the legal definition of domestic violence.

Basic Skills Focus

Skim for factual information

DOMESTIC VIOLENCE

This document is also available from the State's Attorney's Office and provides additional practice in searching for information and specific facts.

Basic Skills Focus

Analyze format
Skim for information
Identify main idea and supporting details

DOMESTIC VIOLENCE

This brochure is available from the University of Illinois at Chicago. This activity encourages students to continue to analyze document format and suggests that students can critique brochures and suggest improvements.

Basic Skills Focus

Compare and contrast formats
Make judgments
Support conclusions with specific examples
Be persuasive

FAMILY VIOLENCE CHECK
TRUE OR FALSE?

_____1. Domestic violence is the leading cause of injury and death to American women.

_____2. In an abusive relationship, less battering will occur during pregnancy.

_____3. The legal definition of domestic violence is limited to physical force and does not include threats or harassment.

_____4. The typical battered woman is unmarried with children.

_____5. In cases of adult abuse, it is usually the male who abuses the female. In cases of child abuse, it is usually the mother who abuses the child.

_____6. The law only protects women and children from abuse by men. Men are not victims of family violence or abuse.

_____7. Boys who witness family violence in their home are more likely to grow up to abuse women and children.

_____8. Family violence and abuse are caused by alcohol or drugs.

_____9. Family or couple counseling is most effective while abuse is occurring.

_____10. It takes 6 to 8 weeks to get an Order of Protection.

_____11. Violating an Order of Protection can result in a fine or incarceration up to 364 days.

_____12. To obtain an Order of Protection, the victim must be related to the abuser by blood or marriage.

_____13. There are no fees for filing or serving an Order of Protection.

_____14. You must hire an attorney to request an Order of Protection.

_____15. If you receive an Order of Protection, you should keep it locked up in a safe place.

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FAMILY VIOLENCE DEFINITIONS

What is Family Violence?

STUDENT DEFINITION:_____

_____

_____

LEGAL DEFINITION:_____

_____

_____

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HELPING DOLORES

Think about the film we just watched. What could have been different? What could Dolores have done differently? What could her mother or neighbor or children have done differently? Be creative and help Dolores find solutions.

Dolores could have...

Her mother could have...

Her mother-in-law could have...

Her neighbor could have...

Her daughter could have...

Her son could have...

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Neecy and Joe

Neecy and Joe are an African American married couple who live on 41st and Lawrence. They have been married for about one year. They have three children, two of whom were born before they married. Before their marriage, they lived together in Neecy's mother's home for two years because Joe did not have a job that would support an apartment as well as a family. Joe felt very strongly that he did not want to marry Neecy until he could support her and the kids.

Neecy's father was able to get Joe a job at his place of employment. While the new job paid substantially more than his old job at Mc Donald's, it was still a struggle keeping the bills up and the kids fed and clothed.

Neecy and Joe's first child was born while she and Joe were still in their junior year in high school. Neecy left school at that point, but Joe continued on and received his diploma. By the time Joe graduated, baby #2 had arrived.

Neecy felt very lucky because, unlike some of her friends who had babies, she had not been deserted by baby's father. Her parents also felt fortunate and attempted to assist the young couple as much as possible.

Joe and Neecy were described by their friends as being a good couple. They enjoyed the usual social activities together, going to house parties, occasionally to the movies and bowling. Neecy's mom or younger sister would usually baby-sit.

Shortly after they married, baby #3 came along. Neecy's parents moved from the area soon after Neecy and Joe were settled in their own apartment. While Neecy was happy to be in her own place, she found that having complete care of the children and house was a bit overwhelming. Since Joe worked longer hours now and his job location was some distance from the apartment, there was little time for socialization.

After a few months in their new apartment, Neecy began to notice a definite change in Joe's attitude and behavior. Prior to baby #3, Neecy felt they were inseparable. Lately Joe had begun hanging out more with his "homeys" and coming home later hours with the smell of liquor on his breath. Previously, he would have a beer or a wine cooler for an occasional celebration, or they would mutually choose to get blown, but this had always been very controlled. After the partying was over, they took care of business again. Now, when Joe came home, he was often in a very bad mood, frequently swearing and cursing about one thing or another. He would tell Neecy how dirty the house was, or how awful the food tasted and refuse to eat. He accused her of being a bad mother when one of the toddlers accidentally burned himself on the iron after Neecy ran to answer the phone.

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Eventually, strange women began calling the house. When Neecy would confront Joe, they would argue. Afterwards, Joe would be on good behavior for a few days, bringing Neecy some flowers or candy, and they would make up until the next argument. The flare-ups became more intense, often in the presence of the kids. Joe became more belligerent, even to the point of calling Neecy names such as "bitch" and "whore". Joe, however, never physically hit Neecy.

Neecy began to feel very bad about herself and started believing what Joe was saying about her messing ;up his life. She no longer took care of herself in terms of keeping her personal appearance up She fount it more and more difficult to care for the house and the kids. She felt like she was walking around with concrete boots on.

Neecy was too embarrassed to discuss the situation with her friends. Many of her friends envied because they saw Joe as a supportive husband and father. When she tried talking to her mother, she was told to "get a life and grow up." Joe wasn't beating her or not paying the bills, so what was the problem? Neecy's mother would tell her, "You kids remember how your father used to drink, gamble, chase women, and beat my ass. Joe's just sowing his wild oats. He's been a good boy."

Neecy loved and trusted her mother, and she began to think back to high school before she was involved with Joe. Her prior boyfriend had been physically abusive to her, although she never shared that with her parents or with anyone. Neecy began to think that maybe she was lucky, but why were her boots so heavy?

1. Was Neecy lucky?
2. Was Neecy a victim of domestic violence?
3. What suggestions do you have for Neecy?
4. What suggestions do you have for Joe?
5. When did they begin having problems?
6. Why do you think this happened?
7. What might Neecy and Joe have done at that point that might have prevented the problems from occurring?

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COMMUNITY RESOURCES

If Dolores or Neecy lived in your neighborhood, where could she go for help? Choose one resource to call or visit for more information and answer the following questions.

If Dolores or Neecy wanted _____
(counseling, an Order of Protection, a support group, more education, job training, substance abuse program, etc.).

She should contact _____
(name of agency)

_____
(address of agency)

_____
(phone number of agency)

1. Describe available services :

_____

_____

_____

2. Is there a fee for services? _____

3. Is there a waiting list or are services available immediately? _____

4. Explain how you would get to this agency from your home or neighborhood using public transportation.

_____

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IS THIS CHILD ABUSED?

Johnny

Johnny is ten years old and the oldest of five children. His mother relies on him a great deal to help with the other kids. He is a good kid, rarely gets in trouble, and is well liked by his friends and teachers.

One day Johnny was playing with his buddies on the playground after school and forgot the time. He was feeling very scared as he headed for home. He was afraid his mother would be very angry with him. Johnny ran as fast as he could because he also knew that his mother would worry about him.

To make matters worse, when Johnny got to the lobby of his Washington Park public housing building, he walked into the middle of a gang fight and was unable to get on the elevator. About a half hour later, he was finally allowed to run up the stairs to his 14th floor apartment. As soon as he came out of the stairwell, he saw his mother pacing up and down the galley looking around for him. When she first saw Johnny, she was instantly relieved that he was alright.

Before Johnny could apologize or explain why he was late, his mother began screaming and shaking him. "You ass-hole you, I am going to really kick your ass. They have been shooting around here all afternoon! You are just so stupid. The more I try to teach you, the dumber you get! I am going to send your ass to the Audi Home! You are just like your stupid Daddy and you are going to end up in Statesville like him!"

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IS THIS CHILD A USED

Crystal

Mary left Crystal, her four year old daughter, at home with her boyfriend Peter who is not her daughter's father. Mary had to go to the WIC station to sign her new baby up. She has no one else to help her with the kids. When Mary returned home, she noticed a bruise on her daughter's forehead. Crystal said she fell off the couch while playing. Mary's boyfriend also said Crystal had fallen. He told Mary that she needs to do something about her bad kids.

Later that night when Mary was bathing her daughter, Crystal complained of pain in the vaginal area. Mary has been upset recently because her daughter masturbates. She has said that Crystal is so fast that she doesn't know what she will do with her.

Mary knows that her daughter does not like Peter. Mary thinks this is because Peter is not Crystal's father, but he is the father of Mary's two other children. Mary says Crystal is her problem child who may be trying to interfere with her plans for a future with Peter and his kids.

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IS THIS CHILD A USED?

Michael

Sharon is a 32 year old divorced mother with an 8 year old son. She lives in suburban Country Club Hills in her own home. Sharon is a lab technician. Her income was more than adequate in her old community when she was still married and she and her husband had a double income.

Sharon's son, Michael, has many of his father's traits. He looks just like his father and acts like him too. He is so much like his father that Sharon sometimes feels like she is still living with her ex-husband. When Michael misbehaves, Sharon does not use physical punishment. Instead, she will belittle him by attacking him verbally, calling him names, reminding him that he is very much like his stupid father. She will leave him alone at home all weekend while she goes out partying with her friends as a punishment for his behavior.

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IS THIS CHILD A USED?

Jeremy

Jeremy has been diagnosed at school as having a behavior disorder, and he attends special education classes. Jeremy is described by his mother as being "bad". She complains that Jeremy is always on her nerves, bugging her for this and that and aggravating his brothers and sisters. Jeremy's punishment when he gets in trouble can vary from no punishment to a severe beating by his mother. His punishment seems to be more related to his mom's state of mind than to the actual incident.

Following are some examples of Jeremy's punishments.

Jeremy has just broken a vase in the family's living room.

Jonathan (Jeremy's younger brother): OOOU Momma!! Jerry just broke that vase that grandma gave you for Christmas.

Jeremy: Shut up punk!!!

(Momma rushes from the kitchen)
Momma: What is the problem here? *(she notices the broken glass all over the floor. Without questioning anyone, she wallops Jeremy across the head.)*

Momma: Boy, you broke my Christmas gift. I don't know what I am going to do with you!! I can't keep anything decent in this house because of you!

(Jeremy wails loudly. Holding his head, he runs to his bedroom, slamming the door behind. No further action from his mother.)

****

Jeremy and his younger sister Penny are playing together. Jeremy gets upset when his sister calls him a name, so he punches her out. Momma is on the phone. When Penny comes screaming, Momma yells, "Get out of here Penny, can't you see I am busy now?"

Jeremy goes outside to play. He is never punished for punching Penny.

****

Jeremy's family has just completed dinner, and Jeremy gets ready to play video games. Momma asks Jeremy to help her with the dishes. Jeremy rolls his eyes and mutters something under his breath. Momma becomes angry and begins screaming. "All you want to do is eat and sleep and play video games." Then she pops him across the mouth and

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yells, "Don't you stick that mouth out at me, boy, because I will kill you. Now wash the damn dishes by yourself."

UNIT 6

HUMAN SEXUALITY: FAMILY PLANNING, HIV/AIDS, AND OTHER SEXUALLY TRANSMITTED DISEASES

UNIT 6: **Human Sexuality** is comprised of two lessons.

Lesson 1: Understanding HIV and AIDS

Lesson 2: Living with HIV/AIDS

UNIT 6

HUMAN SEXUALITY: FAMILY PLANNING, HIV/AIDS, AND OTHER SEXUALLY TRANSMITTED DISEASES

Lesson 1: Understanding HIV AND AIDS

Objective: Student will: 1) demonstrate knowledge of HIV and AIDS facts.
2) share HIV/AIDS information with another.

Materials: **AIDS - WHAT DO WE REALLY KNOW?** pre-test
TRUTH OR DARE post-test
RISKY BUSINESS handout
CHILDREN, PARENTS, AND AIDS brochure

Activities:

1. Many students have been exposed to HIV and AIDS education programs in schools or other agencies. This lesson is designed to check the students understanding of HIV/AIDS facts and provide additional instruction as needed.

   Administer the AIDS pre-test. If test results indicate a need for further instruction, proceed to Activity 2.

2. Discuss the basics of HIV and AIDS correcting the pre-test questions.

   - What is HIV/AIDS - what is the difference
   - Who gets AIDS and how
   - The difference between AIDS prevention in men and in women
   - How is AIDS prevented
   - Importance of talking with children about HIV/AIDS

3. Show the film **DON'T FORGET SHERRIE**, available from the American Red Cross. (This video is part of an AIDS Prevention Program and includes student workbooks, teachers' guides, parent brochures, and two other videos, *A Letter from Brian,* and *Answers About AIDS*).

   Direct class discussion and answer any questions raised by the film.

Distinguish between confidentiality (personal information is protected) and anonymity (personal information is not obtained).

4. Distribute **CHILDREN, PARENTS, AND AIDS** brochure available from the American Red Cross. Review document design by discussing the red bolded headings. Assign specific sections to individuals or small groups to read and summarize for the class. What is the main point of each section?

   Ask class to summarize HIV/AIDS facts that should be shared with children of different age groups, e.g. children 4 to 8; pre-adolescents 9-12; adolescents 13-17. Discuss how to effectively share information with these different age groups. Provide pamphlets, brochures, or the **RISKY BUSINESS** handout for parents to share with children. If appropriate, students can design their own handout to share with a specific child age group.

   Ask students to share specific HIV/AIDS information with a child from one of the above age categories. Students should use their journals to report on the experience. Was it positive for the parent and the child? Was the child cooperative and interested or resistive? Did the parent feel confident in his or her own knowledge to try and share that information with a child?

5. Administer the post-test **TRUTH OR DARE** to check student understanding of basic HIV/AIDS facts. Be sure that students correct any wrong answers on the pre or post tests before taking them home.

6. In preparation for Lesson 2, briefly discuss some of the resources and lack of resources for people with HIV or AIDS.

   Randomly assign students to four groups. Explain the assignment for each group and ask students to brainstorm questions to ask (samples provided below). Have each group organize questions creating a standardized format which includes name, address, and phone of each agency contacted.

   Group 1 - Call or visit local clinics to determine if they test for HIV. Get information for entering the system. Is there a fee? Is there a waiting list?

   Group 2 - Call or visit local nursing homes to determine if they accept AIDS patients. Is there a waiting list? A fee? If they do not accept patients, do they have a referral system? Where are patients referred?

   Group 3 - Find out what other services are available to AIDS patients. Are there support groups for patients or families? Is counseling available? Are legal services available if patient is experiencing discrimination?

Group 4 - Develop a list of possible community strategies to address AIDS issues. Talk to community agencies to check if ideas are being done now or are feasible in the future.

TEACHER NOTES
for
Lesson 1

HIV/AIDS DISCUSSION

During the class discussion of the pre test, the students will have an opportunity to clarify information or miss-information.

Basic Skills Focus

Formulate questions
Clarify information
Express opinions
Distinguish fact and opinion

DON'T FORGET SHERRIE VIDEO

The video provides another opportunity for students to clarify HIV/AIDS facts from fallacy.

Basic Skills Focus

Summarize information
Express feelings
Articulate a problem and suggest solutions

CHILDREN, PARENTS, AND AIDS

This activity focuses on parental responsibility to share information - to teach- and to guide children. This is an opportunity for parents to prepare information, share that information with a child, and receive feedback from the teacher and other students on the experience.

Basic Skills Focus:

Recognize document/brochure formatting
Identify main idea and supporting details
Organize information
Provide factual information
Present information in logical sequence

RISKY BUSINESS

This handout is available for parents to share with children if appropriate.

Basic Skills Focus

Evaluating information
Making judgments
Articulate factual support for judgments

UNIT 6

HUMAN SEXUALITY: FAMILY PLANNING, HIV/AIDS, AND OTHER SEXUALLY TRANSMITTED DISEASES

Lesson 2: Living with HIV/AIDS

Objective: Students will: 1) explore resources available to HIV/AIDS patients.
2) examine their own attitudes and prejudices towards HIV/AIDS patients.

Materials: **Journals** - report of experiences in sharing HIV/AIDS information with a child
Group Reports - see Lesson 1 - activity 6
WHAT WOULD YOU DO ... handout

Activities:

1. Ask students to share their experiences in sharing HIV/AIDS information with a child. Discuss parents experiences with each age group separately (4 to 8years; 9 to 12 years; 13 to 17 years). Refer back to child development stages covered in the Human Development Unit.

   Answer any additional questions on HIV/AIDS.

2. Ask each of the four groups to report their findings from the homework assignment (see Lesson 1 - activity 6). Ask students to discuss attitudes toward HIV/AIDS in the community and in the agencies they contacted. Discuss barriers to treatment, etc.

3. Pass out **WHAT WOULD YOU DO...** handout. Divide the class into 5 groups and assign one situation to each group. List the following questions on the board and ask each group to answer the questions based on the situation assigned. Emphasis that this is an opportunity to explore opinions or beliefs - we really can not know what we would really do until we are actually faced with a situation. There is no **RIGHT** or **WRONG** answers.

TEACHER NOTES
for
Lesson 2

JOURNAL RECORD

The Student Journal can be used to record the parent's experiences in sharing HIV/AIDS information with a child.

Basic Skills Focus

Organization of written response
Describe experience in logical, sequential order
Inclusion of specifics to make or develop a point
Sentence structure, grammar, spelling

GROUP REPORTS

This activity can be simple and teacher-directed or very comprehensive with students actually researching community resources, developing questions, and presenting an oral or written report.

Basic Skills Focus

Locate information
Organize information
Present information in clear written form
Discuss information verbally providing adequate details
Draw conclusion

WHAT WOULD YOU DO...

This activity provides an opportunity for students to explore their own feelings, prejudices toward HIV/AIDS. The questions can be addressed in oral or written format.

Basic Skills Focus

Express feelings/opinions
Distinguish fact and opinion
Provide reasonable support for opinions
Be persuasive
Draw conclusions

WHAT WOULD YOU DO...

Situation 1

Your older brother Sam is a homosexual and an I.V. drug user. Your brother's homosexuality has been a source of distress to your family for many years. While your family is also concerned about his I.V. drug using habit, it is not as disturbing to them as his being a homosexual. Sam has been diagnosed as having AIDS and his life expectancy is only 3 to 6 months. He is now homeless with no one to take him in. He needs to come and live with you and your family.

Situation 2

An eight year old child with AIDS has transferred to your local school and is in the same classroom with your child. Some of the parents are very angry and threaten to remove their kids from school if the AIDS infected child is allowed to remain in class.

Situation 3

You have made a date with an extremely attractive person who has a good job making a nice income. You have heard from your friends that this person is not shy about having sex right away. You may be worried about AIDS or other STD's. You do not know enough about this person's past sexual relationships.

Situation 4

You own a large apartment building. A family wants to rent an apartment but one of the family members looks as if he may have AIDS. You know that some of your tenants would be very upset if you rented to this family. (Think about discrimination laws).

Situation 5

The owner of a business fires one of his employees because the employee has AIDS. The fired employee has taken the boss to court. You are the judge.

AIDS - WHAT DO WE REALLY KNOW?

The following questions will help you to understand what you know and what you need to know about AIDS - the Acquired Immunodeficiency Syndrome.

1. How much do you know about AIDS?

   A lot Some A little Nothing Not sure

2. In the past month have you -

   a) seen any public service announcements about AIDS on TV?
   Yes No Not sure

   b) heard any public service announcements on the radio?
   Yes No Not sure

3. In the past month, have you received any information from the following...(please check)

_____television programs
_____radio programs
_____magazine articles
_____newspaper articles
_____street signs/billboards
_____store displays/brochures
_____bus, subway, metra displays
_____health department brochures
_____workplace distributed brochure
_____school distributed brochures
_____church distributed brochure
_____community organizations
_____friends
_____AIDS hotline
_____Other

4. Have you heard the AIDS virus called HIV?
   Yes No Not sure

5. AIDS can reduce the body's natural protection against disease.
   Yes No Not sure

6. AIDS can damage the brain.
   Yes No Not sure

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7. AIDS is an infectious disease caused by a virus.
   Yes No Not sure

8. A person can be infected with the AIDS virus and not have the AIDS disease.
   Yes No Not sure

9. ANY person with the AIDS virus can pass it on to someone else through sexual intercourse.
   Yes No Not sure

10. A pregnant woman who has the AIDS virus can give it to her baby.
   Yes No Not sure

11. A person who has the AIDS virus can look and feel well and healthy.
   Yes No Not sure

12. There are drugs available which can lengthen the life of a person with AIDS.
   Yes No Not sure

13. Early treatment of the AIDS virus can reduce symptoms in the infected person.
   Yes No Not sure

14. There is a vaccine available to the public that protects a person from getting the AIDS virus.
   Yes No Not sure

15. There is no cure for AIDS at the present time.
   Yes No Not sure

16. How likely do you think it is for a person to get AIDS or the AIDS virus from..

   a) working near someone with the AIDS virus?
   Likely Unlikely Impossible Don't know

   b) eating in a restaurant where the cook has AIDS?
   Likely Unlikely Impossible Don't know

   c) sharing plates, forks, or glasses with someone who has the AIDS virus?
   Likely Unlikely Impossible Don't know

   d) using public toilets?
   Likely Unlikely Impossible Don't know

pre

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TRUTH OR DARE

Check your understanding of AIDS and the HIV virus. Circle true or false for each of the following statements.

1. You can tell who is infected with the HIV (Human Immunodeficiency Virus).

   True False

2. If you can't stop using drugs, cleaning needles and works with bleach and water is a good way to kill HIV.

   True False

3. A person can get HIV by sharing a cigarette or eating food that was prepared by someone who is HIV positive.

   True False

4. A person with HIV can pass it on to his or her partner during oral sex.

   True False

5. The symptoms of a sexually transmitted disease (STD) will go away without treatment, if you wait long enough.

   True False

6. A person can be infected with HIV and still not have AIDS.

   True False

7. If you are not gay and you are not a junkie, you are safe from HIV.

   True False

8. A person can get HIV by donating blood or if they are bitten by a mosquito.

   True False

9. A man with HIV can pass it on to his partner during anal intercourse.

True False

10. Most infected people are older, so teenagers don't have to worry about getting HIV or STD's (sexually transmitted diseases).

True False

11. Women using the pill or a diaphragm are protected against HIV.

True False

12. Withdrawal (the man pulling out before he comes) is a good method to protect you from HIV/STD or pregnancy.

True False

13. An untreated STD can give you up to 100 times greater chance of getting HIV if you are exposed to the HIV virus.

True False

14. Babies can be infected with HIV by their mothers during pregnancy.

True False

15. Although there is no cure for those with AIDS, there is a vaccine to prevent others from getting AIDS.

True False

post

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RISKY BUSINESS

ACTIVITY	SAFE	PROBABLY SAFE	PROBABLY RISKY	DEFINITELY RISKY
Touching, hugging, social (dry) kissing, shaking hands				
Touching doorknobs, toilet seats, phones, etc.				
Going to school with someone with AIDS				
Cough or sneeze				
French kissing (wet)				
Mosquito bites				
Donating blood				
Receiving blood transfusions				
Sharing drug needles				
Infected mother having a baby				
Abstinence				
Masturbation				
Oral sex				
Vaginal sex				
Anal sex				

post

RISKY BUSINESS ANSWERS

1. **Safe**. No evidence of spread by casual contact.

2. **Safe**. No evidence of transmission by casual contact with objects such as dishes, toilet seats, towels, glasses, phones, etc.

3. **Safe**. No evidence of spread by casual contact even if person has full blown AIDS.

4. **Safe**. No evidence of transport through air.

5. **Probably Risky**. No evidence of transmission by saliva, but tiny amounts of virus have been found in saliva and could be transmitted through sores in the mouth.

6. **Safe.** No evidence of transmission by insects.

7. **Safe.** Equipment is used only once, so you only contact your own blood.

8. **Safe.** All blood is tested with margin directed toward false positives.

9. **Definitely Risky**. Inject the virus directly into your bloodstream.

10. **Definitely Risky.** HIV crosses placenta from mother's blood to baby's.

11. **Safe.**

12. **Safe.** No contact with other people's body fluids.
    Probably Safe for mutual masturbation. Could be some exchange of body fluids through sores, etc.

13. **Definitely Risky.** Any exchange of semen or bodily fluids between partners is risky because of the large virus concentration in these fluids. Some fluid exchange is bound to occur (especially with sores) unless a condom is used.

14. **Definitely Risky**. Unless a mutually monogamous relationship in which both partners do not have the virus, there is high risk of passing virus, both female to male, and male to female.

15. **Definitely Risky.** Most efficient method of sexual transmission because of tears in rectal lining.

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SHARING INFORMATION
TEACHING OTHERS

We all need to understand more about HIV/AIDS. However, children of different ages need to know and understand different types of information. During the class discussion use the columns below to take notes of the different types of information which should be shared with different age groups.

Ages 4-8	Ages 9-12	Ages 13-17

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REPORT ON SHARING HIV/AIDS INFORMATION

Age of the child:_____

What information was shared?

What was the child's reaction?

What do you think the child learned?

How did you feel during this experience?

WHAT WOULD YOU DO...

Situation 1

Your older brother Sam is a homosexual and an I.V. drug user. Your brother's homosexuality has been a source of distress to your family for many years. While your family is also concerned about his I.V. drug using habit, it is not as disturbing to them as his being a homosexual. Sam has been diagnosed as having AIDS and his life expectancy is only 3 to 6 months. He is now homeless with no one to take him in. He needs to come and live with you and your family.

Situation 2

An eight year old child with AIDS has transferred to your local school and is in the same classroom with your child. Some of the parents are very angry and threaten to remove their kids from school if the AIDS infected child is allowed to remain in class.

Situation 3

You have made a date with an extremely attractive person who has a good job making a nice income. You have heard from your friends that this person is not shy about having sex right away. You may be worried about AIDS or other STD's. You do not know enough about this person's past sexual relationships.

Situation 4

You own a large apartment building. A family wants to rent an apartment but one of the family members looks as if he may have AIDS. You know that some of your tenants would be very upset if you rented to this family. (Think about discrimination laws).

Situation 5

The owner of a business fires one of his employees because the employee has AIDS. The fired employee has taken the boss to court. You are the judge.

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WHAT WOULD YOU DO...
QUESTIONS

1. Describe how you feel.
2. What would you do?
3. Why would you decide to take this course of action?
4. What are the possible ramifications of your actions in regards to a person with AIDS?

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AIDS - WHAT HAVE YOU LEARNED?

The following questions will help you to see what you have learned about HIV/AIDS and what you still need to know.

1. How much do you know about AIDS?

   A lot Some A little Nothing Not sure

2. Have you heard the AIDS virus called HIV?
   Yes No Not sure

3. AIDS can reduce the body's natural protection against disease.
   Yes No Not sure

4. AIDS can damage the brain.
   Yes No Not sure

5. AIDS is an infectious disease caused by a virus.
   Yes No Not sure

6. A person can be infected with the AIDS virus and not have the AIDS disease.
   Yes No Not sure

7. ANY person with the AIDS virus can pass it on to someone else through sexual intercourse.
   Yes No Not sure

8. A pregnant woman who has the AIDS virus can give it to her baby.
   Yes No Not sure

9. A person who has the AIDS virus can look and feel well and healthy.
   Yes No Not sure

10. There are drugs available which can lengthen the life of a person with AIDS.
    Yes No Not sure

11. Early treatment of the AIDS virus can reduce symptoms in the infected person.
    Yes No Not sure

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12. There is a vaccine available to the public that protects a person from getting the AIDS virus.
Yes No Not sure

13. There is no cure for AIDS at the present time.
Yes No Not sure

14. How likely do you think it is for a person to get AIDS or the AIDS virus from.

a) working near someone with the AIDS virus?
Likely Unlikely Impossible Don't know

b) eating in a restaurant where the cook has AIDS?
Likely Unlikely Impossible Don't know

c) sharing plates, forks, or glasses with someone who has the AIDS virus?
Likely Unlikely Impossible Don't know

d) using public toilets?
Likely Unlikely Impossible Don't know

15. Using a spermicide with a condom is better protection against AIDS than just using a condom.
Yes No Not sure

post

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UNIT 7

SAFETY/CPR:
CREATING A SAFE HOME ENVIRONMENT

Lesson 1: **Home Safety**

Objectives: Students will:
1. Identify common household hazards and suggests way to prevent injury.
2. Demonstrate procedure to contact Poison Control Center and the Emergency Medical System.
3. Students will complete a written Home Safety Survey.

Materials: **LOOKING FOR HAZARDS** sheet
HOME SAFETY QUIZ

Activities:

1. Ask students to reflect on the HUMAN DEVELOPMENT UNIT as they consider children and home safety. Point out that children live in an environment that is basically designed for adults and this helps to explain the large number of childhood accidents. Children have not developed the physical characteristics nor the intellectual capacity to avoid many accidents.

2. Pass out **LOOKING FOR HAZARDS** sheet. Individually or in small groups, ask students to "brainstorm" as many hazards as possible to list in each category. The instructor may want to impose a time limit (3 minutes) and encourage competition in a game like fashion. Compare lists and discuss the hazards that were identified. The instructor should supplement the lists if necessary, emphasizing the particular risks relevant to high rise dwelling.

    - unscreened or poorly screened windows.
    - elevators
    - dark stairwells
    - wet stairwells
    - floods in apartments
    - violence
    - using the stove or oven for heat

3. Divide the class into two (or more) teams. List one hazard from each of the four categories discussed above (home, yard, workplace, street). Ask each team to suggest three different solutions for each hazard and then to recommend what they agree would be the best solution. It is important for each team to come up with three different solutions (even if some solutions

are outrageous or impractical) for each hazard to encourage brainstorming as an effective problem solving process. As each team reports out, discuss and compare the suggested solutions.

4. Guide the class in developing a general household emergency plan. Be sure to cover the following topics.
   - fires
   - poisons
   - animal bites/scratches
   - drowning: bathtub falls or slips
   - pool or beach swimming
   - windows
   - playground areas
   - plastic, jewelry, small items
   - electrical outlets
   - stairs

5. As a homework assignment, ask the students to examine their home and surrounding area to answer the **HOME SAFETY QUIZ**. Emphasize that no home is completely safe and this is a chance to look for ways to improve safety around the home. After answering the questions, ask students to list 5 very specific changes they would like to make to improve safety in their home.

6. For homework, all students should locate the phone numbers for the local poison control center and emergency medical systems.

7. Divide the class into four groups for homework assignment.

   Group A: Find information about the Poison Control Center and bring the information to class.
   Group B: Bring in labels or inserts from medications to discuss antidotes.
   Group C: Find out what Syrup of Ipecac does in handling poisonous substances. Suggest that students speak with local pharmacists or go to the drugstore to read the label.
   Group D: Ask students to bring a list of common household plants which are poisonous if ingested. The encyclopedia may be a good source.

UNIT 7

SAFETY/CPR
CREATING A SAFE HOME ENVIRONMENT

Lesson 2: Emergencies

Objectives: Students will demonstrate the correct procedures to contact Poison Control and the Emergency Medical Systems.

Materials: **EMERGENCIES WHAT TO KNOW-WHAT TO DO**
STAY CALM IN AN EMERGENCY

Activities:

1. Review the **HOME SAFETY QUIZ** and answer any related questions.

2. Discuss general emergency procedures. Pass out **EMERGENCIES WHAT TO KNOW - WHAT TO DO.** Review the types of information which needs to be conveyed in an emergency. Ask students to fill in the correct phone numbers for Poison Control and Emergency Medical Systems. (This was assigned for homework).

3. Ask each group to report out on the homework assignments. Be sure to allow time for all students to examine the medicine labels and inserts provided by Group B. The instructors should provide additional examples so all students can examine and compare different labels.

4. Pass out **STAY CALM IN AN EMERGENCY**. Ask for volunteers to role play the situations with either the instructor or another students playing the emergency operator. All students should have an opportunity to call in the emergency. The medicine bottles, labels, and poisonous plant information can be incorporated into the role playing.

5. Have students refer to the areas of concern identified on their Home Safety Quiz. Ask students to develop a home safety plan for these 5 areas of concern as well as other plans based on class discussion.

UNIT 7

SAFETY/CPR
CREATING A SAFE HOME ENVIRONMENT

Lesson 3: CPR

Objectives: Students will: 1. demonstrate proper motor skills for CPR, rescue breathing and management of a choking victim.
2. complete the written CPR examination with a minimum score of 75%.

Materials:
CPR mannequins
Alcohol wipes
Hand washing facilities
American Red Cross CPR for an Adult Poster
CPR exams

Activities:

Note: There should be adequate floor space and ventilation. Schedule so there are no more than 6 students per instructor and 2-3 students per mannequin. A student will a cold, mouth lesions or other signs or symptoms of infectious process should be either excused from the motor skills practice or be the last one to demonstrate skills. Following practice, all mannequins should be thoroughly cleansed according to manufacturer's directions to avoid any risks of disease transmission. All participants, including instructors, should follow good hand washing techniques. Females should be requested to remove lipstick.

The American Red Cross CPR program is recommended as most appropriate for community level instruction.

1. Determine from the class what is already known about CPR. If any students are currently certified and knowledge retention is of the appropriate level, elicit their assistance in teaching.

2. Provide a brief lecture on the anatomy and physiology of the cardiorespiratory system. Use charts for visual representation. *The Respiratory System* and *The Circulatory System* are available from the Anatomical Chart Co, Skokie, Illinois.

3. Give an overview on the history and purpose of CPR. Ask students to share stories or situations when CPR skills would have been helpful.

4. Review the correct procedures for accessing the Emergency Medical Systems presented in Lesson 2.

   - Call 9-1-1
   - Give name and address
   - Describe emergency
   - Provide directions (2nd floor, end of hall)
   - Stay on the phone till operator confirms

5. Using the American Red Cross curriculum, demonstrate CPR technique, rescue breathing, and management of a choking victim.

6. Show and discuss the video ***Community CPR***.

7. Provide one on one instruction of correct CPR techniques. Have students demonstrate the techniques until mastered.

8. Allow approximately one hour for students to take the written CPR examination. Explain that students need to pass with a minimum score of 75%.

9. Review the American Red Cross First Aid CPR for Adult poster. Explain to students that when they are certified, they will receive a similar wallet size card. It is important that all students can read and understand the information so they can effectively refer to the wallet card in the future.

HOME SAFETY QUIZ

Mark the following questions **YES NO?** (if you are not sure)
When you are finished, circle the question number for 5 areas you would like to improve.

General Safety Precautions:

_____1. Are stairways kept clear and uncluttered?

_____2. Are stairs and hallways well lit?

_____3. Are unused electrical outlets covered with tape or safety covers?

_____4. Are sharp edges of furniture cushioned with corner guards or other material?

_____5. Are windows secured with window locks?

_____6. Are plastic bags kept out of children's reach?

_____7. Are fire extinguishers installed where they are most likely to be needed?

_____8. Are smoke detectors in working order?

_____9. Do you have an emergency plan to use in case of fire?

____10. Does your family practice this emergency plan?

____11. Is the water set at a safe temperature? (A setting of 120 degrees F. or less prevents scalding from tap water in sinks and in tubs. Let the water run for three minutes before testing it.)

____12. If you have a gun, is it locked in a place where your child cannot get it?

____13. Are all poisonous plants kept out of children's reach?

____14. Is a list of emergency phone numbers posted near a telephone?

____15. Is a list of instructions posted near a telephone for use by children and/or babysitters?

Bathroom Area:

____16. Are the toilet seat and lid kept down when the toilet is not in use?

____17. Are cabinets equipped with safety latches and kept closed?

____18. Are all medecines in child-resistant containers and stored in a locked medicine cabinet.?

____19. Are shampoos and cosmetics stored out of child's reach?

____20. Are razors, razor blades, and other sharp object kept out of child's reach?

____21. Are hair dryers and other appliances stored away from sink, tub and toilet?

____22. Does the bottom of tub or shower have rubber stickers or a rubber mat to prevent slipping?

____23. Are children always watched by an adult when they are in the tub?

Kitchen Area:

____24. Do you cook on the back stove burners when possible and turn pot handles toward the back of the stove?

____25. Are hot dishes kept away from the edges of tables and counters?

____26. Are hot liquids and foods kept out of child's reach?

____27. Are knives and other sharp items kept out of child's reach?

____28. Is the highchair placed away from the stove and other hot appliances?

____29 Are matches and lighters kept out of child's reach?

____30. Are all appliance cords kept out of child's reach?

____31. Are cabinets equipped with safety latches?

____32. Are cabinet doors kept closed when not in ;use?

____33. Are cleaning products kept out of child's reach?

____34. Do you test the temperature of heated food before feeding the child?

Child's Room:

____35. Are crib slats no more than 2-3/8 inches apart?

____36. Does the mattress fit the sides of the crib snuggly?

____37. Is paint or finish on furniture and toys non-toxic?

____38. Are electric cords kept out of child's reach?

____39. Is the child's clothing, especially sleepwear, flame resistant?

____40. Are toys stored safely when no in use?

____41. Are toys in good repair?

____42. Are toys appropriate for the child's age?

Parent's Bedroom:

____43. Are cosmetics, perfumes, and breakable items stored out of a child's reach?

____44. Are small objects, such as jewelry, buttons, and safety pins, kept out of a child's reach?

Outside the Home/Play area:

____45. Is trash kept in tightly covered containers?

____46. Are walkways, stairs, and railings in good repair?

____47. Are walkways and stairs free of toys, tools, and other objects?

____48. Is playground area safe?

____49. Do you wear a seatbelt whenever you are in car as the driver or as the passenger?

____50. Do you buckle your child into an approved automobile safety seat even when making short trips?

****

EMERGENCIES

WHAT TO KNOW -WHAT TO DO

In an emergency, it is important to reamain calm. Thinking about emergency procedures now will help you in a crisis.

POISON CONTROL

What is the local poison control phone number?_____

Where did you look to find this number?_____

Where have you posted the number at home?_____

If you suspect poisoning, call Poison Control. You should know the following information.

- What poison was ingested - medecine, household cleaner, plant.
- When was the poison ingested and how much was taken.
- The age and weight of the victim.
- You should have the container and read the contents, warnings, and antidotes.
- Describe the symptoms or reactions of the victim.

EMERGENCY MEDICAL SYSTEM

What is the phone number for medical emergencies?_____

Do all members of your family know this number?_____

In an emergency, it is important to reamain calm and provide the correct information.

Your name
The address and phone number of the emergency location
Describe the emergency
Answer any questions calmly and clearly
Explain the location - middle of the block, blue truck parked in front
Stay on the line until the emergency operator hangs up
Send someone out to watch for the ambulance

STAY CALM IN AN EMERGENCY

The following are examples of emergency situations to role play. One student should make the call and another act as the emergency operator.

Situation 1
You have been very busy making dinner and realize that John, your three year old son has been very quiet. You call him, but he doesn't answer. You leave the dinner to go look and find him in the bathroom playing with an empty bottle of aspirin. There are aspirin tablets spilled all over the floor and he is chewing on one now.

Situation 2
The same situation as above but this time your 18 month old daughter has an empty prescription bottle. This was Seldane, your allergy medecine.

Situation 3
Your ten year old son was playing basketball with his friends. He and another child both went up for a rebound. Your son lost his balance, fell backwards, and hit his head on the cement. He comes home with a large bumb on his head, he is dizzy, and he feels nauseous. He goes into his room to rest. Thirty minutes later when you go to check on him, you cannot wake him.

Situation 4
You have taken your four children to the beach to cool off on a hot summer day. You ask 7 year old Laura to watch her 2year old and 3 year old brothers while you take the 4 year old to the bathroom. When you come back Laura is frightened and crying. She can't find her 3 year old brother. He had been playing in the water and now he is gone.

****

Students can make up other situations to role play.

POST CPR INSTRUCTION TEST

1. The position of the rescuer's hand on a child's chest during chest compression:

   a. upper 1/3 of chest
   b. lower 1/3 of chest
   c. on the shoulders

2. Activating the EMS System involves:

   a. Yelling for help
   b. Driving to the doctor's office
   c. Dialing 911--a brief description of problem-- giving the address of the emergency, directions on how to get in

3. The most common cause of airway obstruction during sleep is:

   a. the tongue
   b. flood
   c. saliva
   d. pillows on the bed

4. If a child has a pulse, but is not breathing, the first thing you will do is:

   a. perform the Heimlich
   b. begin rescue breathing
   c. determine unresponsiveness
   d. have a peanut butter and jelly sandwich

5. The proper place to position your hand during the Heimlich on a child is:

   a. between the navel (belly button) and tip of the breast
   b. in the middle of the chest between the nipples
   c. on the upper back

6. In rescuing a choking infant, 4 chest compressions are followed by:

   a. back blows
   b. attempted ventilation
   c. examining the mouth for the swallowed object

7. The most common cause of choking in infants is:

   a. milk
   b. balloons
   c. small items such as candy, gum, buttons, marbles
   d. meat

8. The most common cause of cardiac arrest in children is:

   a. electrocution
   b. drowning
   c. car accidents
   d. stress

9. The best place to check for the pulse in infants in the:

   a. brachial pulse
   b. carotid pulse
   c. radial pulse

10. The number of compressions per minute to be performed on a child:

    a. 80-100
    b. 60-80
    c. 100-110

11. The ratio of breaths to compressions for an infant rescue is:

    a. 5 to 1
    b. 15 to 2
    c. 7 to 3

12. EMS stand for:

    a. Early Medical Service
    b. Emergency Medical System
    c. Empty Mind Syndrome

13. The best way to determine breathlessness (absence of respiration is):

    a. ask the child if he is breathing
    b. he has a pulse
    c. look, listen and feel

14. If a victim vomits during the rescue effort the best thing to do is:

    a. stop CPR
    b. quickly turn the head to the side, wipe face and resume CPR.
    c. perform respiration over the nasal (nose) passages.

15. If you should crack a victim's rib during CPR the best thing to do is:

    a. continue CPR
    b. stop CPR
    c. reposition your hand and continue CPR

HOME SAFETY IMPROVEMENTS

List the improvements you would like to make.

1. _____

2. _____

3. _____

4. _____

5. _____

LOOKING FOR HAZARDS

Home Hazards	Yard Hazards	Workplace Hazards	Street Hazards

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement (OERI)
Educational Resources Information Center (ERIC)

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